

Law 21, Drama Therapy and Professional Praxis in Quebec: A Phenomenological Case Study

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Abstract

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This phenomenological case study examines Quebec-based drama therapists' lived experiences of *professional praxis* (identity and practice) since Law 21 came into effect in July 2014, until April 2016. A socio-economic and historical literature review of licensure law in mental health and drama therapy in North America and abroad is provided. For the study, audio recordings of Quebec-based drama therapist focus groups and personal written memos were transcribed and thematically analyzed. Similar themes found between all respondents include an ongoing debate about therapy versus psychotherapy, a passion for drama therapy, and a feeling that Law 21 constricts professional access and choice, creating a professional climate of fear and shame. However, important differences between permit and non-permit holding participants include knowledge and communication around Law 21, the use of the term "psychotherapy" in pitches and consents for non-permit holders, and the concern with notes and continuing education credits for permit holders. These themes are discussed in order to provide advocacy recommendations moving forward.

Keywords: licensure, drama therapy, professional praxis, phenomenology

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Look back. Look forward. Even now.

We are all in the process of becoming. Always.

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Chapter 1. Introduction

Drama therapy's professionalization process has been sporadically written about, occasionally spurred on by drama therapists' attempts to attain state registration/licensure or by relevant licensure laws that crop up in perspective countries, states and provinces. In fact, drama therapy's individuation from Theatre and Psychology is hard (Landy, 2006). Each time licensure is on the table, two questions are commonly asked: "to what extent can we consider ourselves a form of psychotherapy; and to what extent are we arts-based?" The resulting discussions around drama therapy identity and practice shine light on the spectrum of opinions within the profession and amongst comparable counselling, psychotherapeutic and creative arts and expressive arts therapy professions.

Both sociological and economics-based studies reveal the prevalence of licensure in the service industries, and in mental-health related fields. Licensure is the strictest means of professional regulation and protection of the public, more restrictive than both registration and certification. Any movement around licensure can shape a profession's locators in terms of prestige, power and income (Orzack, 1971). Inclusion or exclusion of a profession in a licensure law has the ability to impact every level of said profession's development: its training programs, research, the general public opinion of the profession as well as government relations between advocates/professional lobbyists and elected or appointed government officials. Licensure becomes personal as each of these broad professional aspects potentially limit or support a member's funding/income bracket and professional practice, which may lead to a change in the way this member perceives or describes their professional identity. Therefore, drama therapy, like many other fields, must consistently engage in gaining a deeper understanding of professionalization practices of comparable fields, while tracking its own licensure processes if it is to advocate for itself effectively within these greater structures and systems.

I am a graduate student of Concordia's Masters of Arts in Creative Arts Therapies program, drama therapy option. Law 21 is a licensure law in Quebec, Canada, that protects the act and title of psychotherapy, in which drama therapy was not even mentioned, and later officially excluded (see Appendix F). Law 21's grandfather clause spanning 2009-2014 permitted drama therapists already working in the mental health field to apply for an Order of Psychologists of Quebec (OPQ) permit without having to belong to a recognized professional order. Post grandfather clause, no Concordia graduate has been eligible to receive a permit or

become part of a professional order in Quebec. Without either a professional order or an ability to gain access to a psychotherapy permit, current students and recent graduates of Canada's only North American Drama Therapy Association (NADTA) approved drama therapy program wishing to practice/train in Quebec are seemingly faced with professional uncertainty. However, in order to determine the felt impact(s) of this law on drama therapists living and working in Quebec, this paper presents a phenomenological case study examining Quebec-based drama therapists' professional praxis (everyday expressions/descriptions of their identity and practice) since the time the law came into effect in 2014 until April 2016.

This study aims to contribute to knowledge regarding drama therapy's process of legitimizing itself as a profession, influenced by literature in sociology, economics, psychotherapy, counselling, drama therapy and creative arts therapies. Chapter 2 presents a comprehensive literature review, in which the role of licensure in professionalization is explored. Drama therapy's process is compared to undertakings by other related fields, including counselling. Then, a timeline and overview of advocacy actions taken by creative arts therapy advocates pertaining to Law 21 in Quebec is presented to provide context to this phenomenological case study. Finally, in order to locate this study within the literature, several comparable fields' phenomenological case studies examining the processes of professionalization are summarized.

Chapter 3 explains the phenomenological methodology chosen for this study, and presents the research design for participant involvement, data collection and analysis. It also includes a discussion regarding validity and ethical considerations. Chapter 4 describes and discusses important themes found within the phenomenon, including what participants believed should happen moving forward. Finally, in the conclusion section, future recommendations for the drama therapy field in general and advocacy in particular will be made.

Chapter 2. Literature Review

My research question attempts to determine the felt impact of Law 21, a psychotherapy licensure law, on drama therapists' professional identities and practices in Quebec. In order to better situate and give context to Law 21 and drama therapy in Quebec, a broad historical account of professional licensure is given. Part 1 gives an historical account of the role licensure has played in the service industries and mental-health related fields. Part 2 involves a historical account of licensure within the creative arts therapies and drama therapy. Part 3 provides a historical account of documents and actions taken regarding licensure Law 21 and the creative arts therapies in Quebec. Part 4 looks at phenomenological studies that address professional development impact with professionals regarding licensure within the art therapy, education and counselling professions.

Part 1: Understanding Licensure

Professional licensure: A matter of economics. The main sources on occupational or professional licensure appear in the fields of economics and sociology. Since World War Two, the American economy shifted away from manufacturing industries regulated by unions towards service industries regulated by licensure (Kleiner & Krueger, 2010). Whereas manufacturing industry unions dealt primarily with the employer-employee relationship, the rise in importance of licensure reflected the additional need for regulation around consumer welfare in the services industries.

In general, providing a service in exchange for monetary gain brings an element of risk for consumers, who may require some form of reassurance of the professional's competence. The service provider must be aware of knowledge and skill limitations or risk being called a charlatan (see Appendix F; Fox, 1996). Thus, both governments and professions have increasingly sought to "protect the public from 'charlatans, incompetents and frauds' and 'protect the safety and welfare' of consumers" (Law & Kim, 2005, p. 725) with the help of professional registration, certification and licensure.

Licensure, the most stringent form of professional regulation, prohibits claiming a professional title or practicing the profession in question without first obtaining a license from a legal authority (Kleiner & Krueger, 2010). Kleiner and Krueger (2010) state: "The simplest theory of occupational licensing emphasizes the administrative procedural role of licensing. It perceives a costless supply of unbiased, capable gatekeepers and enforcers" (p. 677). Nobel

prize-winning economist, Akerlof (1970), used a car analogy to illustrate the benefits of licensure. He suggested that societies must be wary of the used car salesman who attempts to sell a “lemon.” The seller may be unqualified and untrustworthy, which in turn may negatively affect the business of more qualified and honest salesmen. Therefore, licensure can increase quality control within professions (Akerlof, 1970).

In *Capitalism and Freedom*, however, another Nobel prize-winning economist, Friedman (1962), questioned the privilege and biases of licensors. Licensors may be more inclined to use licensure as a protectionist early restriction or entry barrier into the profession and/or a means to manage and regulate licensure entry in a self-interested and monopolistic fashion. In Friedman’s chapter entitled “Occupational Licensure,” the medical field is discussed in order to illustrate that, in his opinion, licensure may have nothing to do with competence and the protection of the public. According to Friedman, licensure arbitrarily defines and sets boundaries to the profession. Licensed doctors are assigned duties that could otherwise be shared across health professions in a more fluid manner. Friedman stated:

... the great argument for the market is its tolerance of diversity; its ability to utilize a wide range of special knowledge and capacity. It renders special groups impotent to prevent experimentation and permits the customers and not the producers to decide what will serve the customers best. (Friedman, 1962, p. 160)

Friedman (1962) argued that registration and accreditation are sufficient professional restrictions and stresses the importance of diversity in research and health services.

Professional licensure and mental health. Registration, accreditation and licensure are normative in the mental health-related fields (Rubin et al., 2007). The process towards licensure often involves a professional body that gradually increases its regulatory scope or mandate from within the profession, to representation and engagement with state or provincial government, to national licensure. First, a non-governmental professional organization will certify its members and approve training programs, and keep a registry of its active members. The eventual step is licensure, first by region, state or province, and then nation-wide. For countries that do not have licensure, state registry provides a way to nationally regulate a profession (McBurney, n.d.).

A comprehensive discussion of the professional registration and accreditation processes is beyond the scope of this paper. Briefly, in order to be considered for licensure in Canada and the United States, the mental health fields have adopted an outcome and competency-based

model for accreditation: students must first attend accredited schools and practicums in the United States and Canada, and become registered/accredited members of their chosen profession's association(s), before seeking licensure (Rubin et al., 2007). Evidence-based research, especially randomized control trials help to legitimize fields (Jones, 2012). Licensure then occurs state by state, or province by province.

Considerations. So, like Friedman said, are not registration and accreditation enough? When a clinical profession seeks licensure, there is often a sizeable voice within the profession that prefers apprenticeship/mentorship to licensure (Goode, 1960). Arguably, older practitioners can help develop competency in their mentees within the field, as long as the mentors are not overburdened (Landy, 1997). Unfortunately, turning to apprenticeship or mentorship does not protect professions from the charlatan label, because established professions want to see measurable results. Moreover, this need to prove a profession's efficacy with outcome or evidence-based research provides a hurdle that may be deemed unnecessary or burdensome to a portion of its professionals. However, if laying claim to abstract knowledge and proving efficacy in quantifiable ways is necessary, how does a mental health-related profession proceed? Must it adopt the scientific language and develop randomized control trial studies? Does this not then lead to scientism, or the "misapplication of restrictive definitions of science to make unwarranted attacks on the profession?" (Fox, 1996, p. 777). Moreover, if smaller professions are relatively unknown to the general population, will greater professional regulators turn to arguments regarding competency?

Competency. Friedman's argument separating professional licensure from the idea of competency may be true in the mental health field given that no causal link has been established between competency and outcome-based training in accredited schools, and competency within clinical practice once licensed (Robiner, 2006; Rubin et al., 2007). According to sociologist Orzack (1971), the charlatan label neither comes from within the profession in question, their clients, nor the general population. Even in smaller or younger professions, patients often seek out the type of therapy they wish to receive and are most likely to defend the profession in question, with the greater community next likely to support as well, whereas the "members of related professions will be seen as least favorably disposed toward the given profession" (Orzack, 1971, p. 67).

The importance of licensure. So why persist in seeking licensure if it means conflict within the profession and with more established professions? According to Goode (1960), the successful professionalization process through licensure can bring a level of generally recognized power, prestige and income and a desire to maintain this occupational achievement—once licensed, no profession de-licenses. In 2006, the majority of license holders held at least a college degree, earned a 15% higher salary than the standard wage, and self-reported a higher degree of competence than either unionized workers or non-license holders (Kleiner & Krueger, 2010).

The process. So how does one mental health profession get licensed but not another? If one looks beyond its members' training/school credentials, professional association membership and certification, factors influencing eligibility for licensure as a mental health profession include, but are not limited to: working to operationally define the practice itself while setting competency scope and limitations; determining societal needs being met and the intended clientele; being able to fund years of lobbying until licensure is acquired; supporting the work being done in terms of evidence and outcome-based research; working to accredit more schools and training institutions; and developing and upholding a professional code of ethics (Kleiner & Krueger, 2010; Smith, Weikel, & Brooks, 2011).

North American context. Establishing a profession with licensure is a process that requires a sustained commitment (Robiner, 2006). For example, after a series of territorial lawsuits in the United States with psychology boards in the early 1970s, counselling was forced to delineate its identity as a profession and seek the right to practice through a long battle for licensure, nationwide. The first state to license counselling was Virginia in 1974, and the last state was California in 2009. The licensing process for counselling was made possible due to the concerted efforts of the National Board of Certified Counselors (NBCC), the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) and the American Association for Counseling and Development (AACD) (Brooks & Gerstein, 1990).

Although licensing for mental health professions is far more common in the United States, Canada is increasingly engaging in delineating their mental health services through licensure by jurisdiction or province (Canadian Psychological Association [CPA], 2015). In Canada and the United States, the mental health professions requiring licensure in most jurisdictions include psychiatry, psychology, nursing, and counselling (Robiner, 2006; Buske,

2012; CPA, 2015). The mental health professions licensed in most jurisdictions in the United States, but in very few jurisdictions in Canada, include social work and marriage and family therapy (Robiner, 2006; Canadian Association of Social Workers [CASW], 2011; American Association of Marriage and Family Therapy [AAMFT], 2015). The mental health professions that are rarely licensed in the United States include specialized professions like pastoral, addictions, and creative arts therapies (Robiner, 2006).

Part 2: Understanding Licensure for the Creative Arts Therapies and Drama Therapy

Literature regarding licensure and the creative arts therapies is scarce. Searches on Concordia's Academic Search Complete and PsycInfo reveal no available sources for the following terms in combination: "creative arts therapy or expressive arts therapy or dance therapy or dramatherapy or drama therapy or art therapy" and "licensure, accreditation, certification, and education." However, a Google Scholar search of "creative arts therapy or expressive arts therapy or dance therapy or dramatherapy or drama therapy or art therapy" and "law or licensure" and "impact" yield several relevant results. Several of these sources were accessible using Concordia's Academic Search Complete and are summarized below.

Creative arts therapies: The need for a joint advocacy venture. As editor-in-chief of *The Arts in Psychotherapy's* special issue on the first National Coalition of Creative Arts Therapies [NCATA] conference in 1985, drama therapist Johnson (1985, 1987) called for a joint effort across all creative arts therapies with regards to advocacy and licensure. According to Johnson (1991), this coalition becomes necessary when separately licensing creative arts therapists in counselling, marriage and family and social work runs the risk of fragmenting the profession. Unfortunately, by 1994, Johnson became doubtful that coming together as the creative arts therapies would be possible due to shame dynamics within modalities and other mental health professions (Johnson, 1994).

Licensure/registration/state registration. Internationally, many countries do not adopt licensure, but rather "state registration," which fulfills roughly the same purpose (McBurney, n.d.). The European Consortium for Arts Therapies Education (ECArTE) published a directory of training programs and the status of professionalization requirements (accreditation, registration, state registration) by country, including: Belgium, Estonia, Finland, France, Germany, Ireland, the Netherlands, Norway, Russia, Slovenia, Spain, United Kingdom (including England, Scotland, Northern Ireland, Wales) (Scoble, 2015). Unfortunately, only 5 of

these countries mention the practice and/or registration of drama therapy, including: Belgium, France, the Netherlands, Slovenia and the United Kingdom. Of these, drama therapy appears to be professionalizing healthily in three countries: Slovenia, the United Kingdom and the Netherlands, because each of these countries is creating post-graduate training programs, upholding registries and professional codes of ethics, and approaching governments for state-registration and/ or licensure (Scoble, 2015). A tentative list of other areas in the world that have developed a drama therapy presence but have yet to register or regulate the drama therapy professional title includes: Israel, Holland, Australia, South Africa, Kuwait, Italy, Brazil, Hong Kong, Greece, Portugal, and Spain (Jones, 1996; Landy 1997; Savage, personal communication, 10 June 2016).

Licensure and Drama Therapy. The state-by-state licensure/state registration literature within drama therapy has emerged from the United Kingdom and the United States. National [creative] arts therapies registries exist in the Netherlands and the United Kingdom, and the state of New York has successfully licensed its creative arts therapists. Although attempts were made to contact drama therapists and training programs in the Netherlands, no further information or publications regarding professionalization practices were forthcoming. However, the drama therapy professionalization processes of the United Kingdom and the United States have been written about, and are summarized below.

United Kingdom. Great Britain first nationally licensed [creative] arts therapists in their Health and Care Professions Council (HCPC) registry in 2003 (Health and Care Professions Council, 2013). Prior to being nationally licensed, a surge of literature emerged during the early to mid-1990s, primarily in the journal *Dramatherapy*. A Taylor & Francis database search of “dramatherapy” and “psychotherapy” revealed 459 articles, of which 22 mention “state registration” or comment on the professionalization process.

Doktor (1992) explained that in 1992, two major advocacy pushes were occurring in drama therapy: The United Kingdom Standing Committee for Psychotherapies was debating whether the [creative] arts therapies could be considered a humanistic psychotherapy, while national registration was being explored through the Council for Professions Supplementary to Medicine. Within the profession, drama therapists attempted to figure out to what extent drama therapy was psychotherapeutic versus arts-based. These authors compared definitions of dramatherapy and psychotherapy while attempting to address the roles of personal therapy in

training, therapist interpretation, and verbal processing in practice (making personal links to symbolic or metaphoric work) (Barham, 1995; Doktor, 1990; Jennings, 1998; Langley, 1993, 1995; Meldrum, 1994; Williams-Saunders, Baily, Schrader & Horwood, 1997).

The most cited definition for psychotherapy amongst these authors was: “the systematic use of a relationship between therapist and patient—as opposed to pharmacological or social methods—to produce changes in cognition, feelings and behaviour” (Holmes & Lindley, 1989, p. 3). Within this definition of psychotherapy, dramatherapy could be seen as psychotherapeutic to some if students received personal psychotherapy during training and if they used interpretation and verbal processing within their practice (Doktor, 1992; Langley, 1995; Williams-Saunders, Bailey, & Horwood, 1997). Others saw dramatherapy as an arts-based therapeutic process that was quite separate from the tradition of psychotherapy (Williams-Saunders, Baily, Schrader & Horwood, 1997; Landy, 1997).

As the advocacy measures for state-registration were underway in the United Kingdom, Langley (1995) re-characterized the psychotherapy-dramatherapy debate in two ways. According to Langley, if psychotherapy is the umbrella term used for any intra-psychic work, then the arts could be considered as an approach to psychotherapy alongside psychodynamic, analytic, humanistic, and behavioural approaches. Otherwise, if looked at in a broader therapeutic lens, then the arts could be seen as its own therapy, separate from psychotherapy, with its own language and approach.

Jones (1991) warned against trying to use theatre or psychology terminology or concepts to understand and write about drama therapy. He stated: “what needs to happen is for dramatherapy to have its own clear orientation concerning its processes, its own way of describing and defining what actually can occur within a dramatherapy group” (Jones, 1991, p.8). This idea of core clinical processes being operationally defined and quantitatively researched as a means to support individuation from other comparable practices has been supported in the literature (Kleiner & Krueger, 2010; Smith, Weikel, & Brooks, 2011) and taken up by recent drama therapy researchers (Armstrong et al., 2014).

United States. In the United States, drama therapists have been more likely to include psychotherapeutic terms within their definitions of drama therapy. For example, Johnson (1982) defines drama therapy as “the application of a creative medium to psychotherapy” (p. 83). In *Current Approaches to Drama Therapy* (2009), two chapters illustrate this psychotherapeutic

influence: Irwin (2009) writes about the psychoanalytic approach to drama therapy, and Dunne (2009) about narrative psychology and drama therapy.

However, some drama therapists claim that building bridges between psychotherapy and drama therapy could be beneficial for drama therapy as a field. Jennings (1998) stated: “But shouldn’t all dramatherapy be creative and expressive and task-centered and have a dimension of psychotherapy as well as drama?” (p.22). This sentiment is reflected by Landy (2006) when he called for “. . . establishing connections between drama therapy and counselling psychology and the kinds of bridges that can be built without diminishing the integrity of either field. From my perspective, integrating the two would be positive for both . . .” (p. 140).

Although this debate has not been settled officially, dialogue continues within the drama therapy field.

North America: Current state of licensure and creative arts therapies. In North America, only the state of New York has creative arts therapies-specific licensure called Licensed Creative Arts Therapists (LCAT), which came into effect in 2005 (Edgar, DePasquale, Elkin-Young, Long, & McLellan, 2010).

In other states, creative arts therapies may or may not fall under counselling, psychotherapy, or marriage and family therapy licenses (McCabe, 2013). For example, if students graduate from the California Institute of Integral Studies (CIIS) in Masters of Drama Therapy or expressive arts therapy, their degree and school credentials grants them access to the California’s Marriage and Family Therapy license exam (CIIS, 2014).

In Canada, drama therapists are excluded from a professional order in Quebec, and unregulated across the country. However, in the Canadian province of Ontario, practicing creative arts therapists may apply to be grandfathered in as Registered Psychotherapists until March 2017, under Chapter 10, section R of the Psychotherapy Act of 2007, which was proclaimed into force on 1 April 2015. The Ontario Psychotherapy Act includes verbal and non-verbal treatments in its definition of psychotherapy (*Psychotherapy Act*, 2007). Thus, it appears that drama therapists will be included in the psychotherapy licensure law.

Recent developments. On October 11, 2015, the Society for the Advancement of Psychotherapy and the Society of Counseling Psychology, also known as divisions 29 and 17 of the American Psychological Association (APA), jointly published a resolution in favor of loosening rigid licensure requirements to enable diversity of care in the mental health field

(Reeder, 2015). This resolution reflects a desire to better accommodate “psychologists, counselors, marriage and family therapists, psychiatrists, social workers and other professionals in the training of master’s levels counselors” (Reeder, 2015, paragraph 5). Given that creative arts therapists have been granted counselling licenses in some jurisdictions in the past, this new resolution may indicate hope for a change in tide regarding restrictive licensing measures protecting the psychotherapy professional title (Reeder, 2015).

In New Jersey, state assembly member John F. McKeon proposed the Drama Therapists and Dance/Movement Therapists Licensing Act (A4582) on 22 June 2015 (Drama Therapists and Dance/Movement therapists Licensing Act, 2015). This follows the A1783 Act in New Jersey in which sought licensure for art therapists, first presented in 2013 by the same assembly member John F. McKeon (Art Therapy Licensing Act, 2013). On June 2, 2016, the Drama Therapists and Dance/ Movement Therapists Licensing Act (A4582) moved through the Regulated Professions Committee. Advocates are awaiting a presentation in front of the New Jersey Assembly (McKechnie, personal communication, 2 June 2016).

Part 3: Law 21 in Quebec

In Quebec, the practice and title of fifty-four licensed professions are currently being regulated by a professional code issued by the Office of Professions and overseen by the Conseil Interprofessionnel du Québec (Conseil Interprofessionnel du Québec, 2014). This professional code permits forty-six professional orders to supervise the fifty-four professions’ licensure processes. The Order of Psychologists of Québec (OPQ) acts as the gatekeeper of the psychotherapy licensure law, Law 21 (Plante, personal communication, 2 August 2016).

As of 2016, psychotherapy licensure remains open to psychologists with PhDs, doctors, nurses, occupational therapists, psychoeducators, sexologists, criminologists, guidance counsellors, social workers and couple and family therapists (Plante, 2015). The group of creative arts therapies (comprised in Quebec of art, music, dance and drama therapy) is not included amongst ordered professions in Quebec, nor is it eligible for psychotherapy licensure. In order to provide better context of the creative arts therapies’ exclusion, a brief history regarding psychotherapy licensure and creative arts therapies advocacy from 2005 until 2014 is summarized below.

In December 2005, Dr. Jean-Bernard Trudeau addressed the National Assembly of Quebec on behalf of a committee of experts over which he presided. This committee of experts

was made up of various mental health professionals selected by the Quebec Office of Professions, consisting of a psycho-educator, a psychologist, a nurse, a guidance counsellor, a psychiatrist, an occupational therapist and a social worker. Trudeau summarized recommendations regarding the modernization of the mental health and human relations field in Quebec for fields belonging to various professional orders including psychology, social work, couple and family therapy, orientation/guidance counselling, psychoeducation, occupational therapy, nursing and medicine (Gouvernement du Québec, 2005). At this meeting, the committee of experts called for an overhaul of the mental health system and a re-definition of the term “psychotherapy” in order to delineate the scope and limitations of practice in mental health professions, encourage interdisciplinary care, and protect the public from charlatans. Trudeau recommended that each profession’s competencies and reserved activities be made clear, including descriptions and orientations. This report was later referred to as the Trudeau Report (Gouvernement du Québec, 2005).

Between 2005 and 2009, respectively, two separate unpublished advocacy packages were sent to the Office of Professions and the Order of Psychologists of Quebec from both Concordia University- Creative Arts Therapies program and the University of Québec en Abitibi-Témiscamingue- Art Therapy program, with letters of support from the mental health community.

In 2009, Bill 21 was sponsored by minister of Justice Kathleen Weill and adopted in the National Assembly of Quebec. The creative arts therapies were not mentioned. As explained by Pierre Plante, in response, several art therapists from the Association des Arts Thérapeutes du Québec (AATQ) banded together to argue for a modification of the Law so as to include art therapy and add a creative arts therapies professional order to the protected titles (Plante, 2015). These advocates presented their case at a public meeting of the National Assembly. According to Plante, the advocates submitted an art therapy document during this meeting which argued the case for art therapy (and other creative arts therapies) inclusion, and made the statement that there would be grave repercussions within the creative arts therapies profession should the Office of Professions fail to amend the law (Plante, 2015). The AATQ document defended the art therapy training programs at Concordia and in Abitibi-Témiscamingue, included letters of support from established permit-holding professionals in the field, reviewed the literature

regarding art therapy's efficacy and scope of practice, and summarized inclusive licensure laws elsewhere (Plante, personal communication, 2 September 2016).

The document was subsequently reviewed by an interdisciplinary consulting council appointed by the Interprofessional Committee of Québec, made up of representatives of the professional orders already included in the licensure law (Plante, personal communication, 1 September 2016). This council reviewed the AATQ document and sought additional confidential consultations and opinions from psychotherapeutic professional orders in order to craft an informed response to the AATQ (Plante, 2015).

In 2011, while waiting for an official government response, creative arts therapies advocates founded a committee for the creation of a professional order for the arts therapies (OPTA) (Snow, personal communication, 4 August 2016). In 2012, the Order of Psychologists of Québec (OPQ) indicated that there would likely be a positive response from the interdisciplinary council (see Appendix G).

However, the official response received in late 2012 rejected art therapy as a psychotherapy in a single-page letter. Unfortunately, creative arts therapies were not granted transparent access to the council's process, nor were they given a reasoned justification for the rejection (Plante, 2015). OPTA pushed for an official thorough explanation, which was eventually provided by the Office of Professions in late 2012 (see Appendix H).

Furthermore, a letter (later revoked) was published online by two psychologists on their private website denouncing art therapy as "quackery." Snow pushed for the removal of the letter online (see Appendix F).

Between 2009 and 2014, there was a grandfathering period for arts therapists working in the mental health field prior to 2012. Arts therapists (including drama therapists) who met requirements were eligible to apply for and receive a permit until 2014. Grandfathered creative arts therapists had access to a permit to practice, but did not have access to an order.

Bill 21 became Law in July 2014. Since 2012, creative arts therapies advocates at Concordia and UQAT have done surveys to help determine the potential impact of the Law on professionals, and have informally presented their findings, with no publications to-date. Within the context of the Law and letter received from the Office of Professions, psychotherapy is defined as a primarily verbal interaction and must be practiced within behavioural, humanistic, cognitive and/or analytic frameworks (see Appendix F).

In 2014, a Creative Arts Therapies Advocacy Committee (CATAC) was started by Dr. Stephen Snow which included representatives of art, dance, drama and music therapy. A decision was made to have CATAC act as a sub-committee for OPTA in terms of fundraising and advocacy moving forward.

In 2015, a law firm was consulted in order to determine whether creative arts therapies ought to legally challenge the law. On 23 September 2015, I acted as secretary during the CATAC meeting during which the legal opinion was discussed. Minutes from this meeting reveal that the firm discouraged further legal action due to legal precedents (Opolko, personal communication, 26 September 2015).

In response, OPTA has since decided to shift away from Law 21, towards the creation of an Order for Creative Arts Therapies, by having art therapy advocates take the lead in advocacy measures with the Government of Quebec (Plante, personal communication, 2 September 2016). Pierre Plante indicates that this decision was made for several reasons (Plante, personal communication, 2 September 2016). On the practical side, the provincial art therapy association (AATQ) submitted the original document, and received a document in which the OPQ expressed that art therapy could be seen as a form of psychotherapy. Moreover, art therapy advocates have been the main communicators between the OPQ and OPTA/AATQ, whereas drama therapists have never communicated directly with the OPQ or submitted an official package challenging the Law 21 exclusion of drama therapy. In terms of art therapy professionalization in general, Plante expressed his belief that art therapy has sufficient research literature to support the efficacy of art therapy and delineate its scope of practice. Finally, Plante indicates that art therapists have been sent letters to cease their practice of reserved psychotherapeutic activities or face investigations and/or fines (Plante, personal communication, 2 September 2016).

As of September 2016, art therapy's desire to proceed alone with negotiations and bring in the other creative arts therapies at a later point resembles the early separation of modalities in the United States during the 1990s when faced with licensure. However, in Quebec, the creative arts therapy modalities are professionalizing at different paces. Drama therapy does not have a provincial organization, and only has one training program in the province, in English. Art therapy has two art therapy programs in Quebec including one in French, which has helped the greater predominantly Francophone public gain a basic awareness of art therapy over other creative arts therapies. Although a new dance therapy program was created through the Grands-

Ballets of Montreal, no university currently offers a dance therapy option in Quebec. As a result, as of 2016, OPTA now includes three art therapists, two music therapists, one drama therapist and one registered psychologist. There are no dance movement therapists on OPTA. Their meetings occur in French and their meeting minutes and other documents are not easily accessible online or available in English.

Though Law 21 has created a systemic shift in the mental health field, the impact of the law is yet to be determined for drama therapists. Thus, a phenomenological case study examining the changes to Quebec-based drama therapists' identities and practice is needed. However, researchers in other related professions have examined the impact of laws or licensure on professional development through phenomenology, and a brief overview of their findings provides context to my phenomenological study.

Part 4: Comparable Phenomenological Case Studies

A search of PsycInfo combining the search terms “phenomenology” AND “professional development” AND “licensure” yielded 5 results, with 1 relevant study. Finally, a search of Taylor & Francis online of the same terms revealed 21 results, of which three were deemed relevant. In total, there are four relevant phenomenological case studies: 1 in art therapy, 2 in counselling, and 1 in social work, which are summarized below.

In “Professional Identity Perceptions of Dual-Prepared Art Therapy Graduates,” Feen-Calligan (2012) seeks to discover the factors contributing to the professional development of art therapy graduates, using semi-structured interviews and phenomenological analysis. The researcher bracketed her own experience. She found that participants expressed a wide range of professional identities, and were influenced most by threatening experiences (not having a supervisor with an art therapy orientation, expressed need for licensing laws and greater public awareness) and nurturing experiences (community, program, passion for art therapy) as a student and young professional (Feen-Calligan, 2012, p. 153). Feen-Calligan makes recommendations for both educators and students. For educators, she recommends more professional development in the training through information sharing, discussion and memoir methodology. She underlines the importance of student reflection and proper supervision within the modality. She also encourages the use of evidence-based practices and student exposure to evidence-based research. For students, she recommends forming networks, making in-service presentations, and

seeking mentors. Finally, Feen-Calligan recommends that students work towards grants and specialization and pay attention to national politics by joining professional organizations.

In the field of counselling, two phenomenological studies have examined the phenomenology of “professionalization”. In “Professional Counselors’ Experiences Pursuing State Licensure,” Wilkinson and Suh (2012) combine the transcendental phenomenological method developed by Moustakas (1994) with a mixture of interpretive and descriptive coding methods from Miles and Huberman (1994). The primary investigator was not successful in applying for licensure and attempted to bracket his experience. Six semi-structured telephone/skype conversations were recorded, transcribed and analysed. While all participants sought licensure and agreed with the concept of protection of the public, themes found by the researchers included: *financial predicament*, *unwanted decisions*, *sense of helplessness*, and *insufficient preparation*. They recommend that educators inform their students of future costs of pursuing licensure, that licensee-applicants take time for self-care, and that legislators examine whether some of the requirements actually fulfill their intended purpose of ensuring quality care for clients.

The second phenomenological case study in counselling examines the phenomenon of transitioning from student to professional of counselling students in their final year (Koltz & Champe, 2010). The researchers conducted six semi-structured interviews in-person, which were later transcribed and analyzed using van Manen’s approach to data analysis which thematically analyzes each line, sentence and thematic cluster to discover and describe the layered experience of participants (Koltz & Champe, 2010, p. 3). The authors attempted to control for their personal vested interest in the study by using member checks, peer review and researcher memos. Professionalism emerged as the central theme with sub-themes including “shaping the professional, practicing professionalism, and emerging professional” (Koltz & Champe, 2010, p. 8). The recommendation is made for educators to better help counsellors integrate their “personal selves with the professional self to transition smoothly and successfully to a practicing counselor” (Koltz & Champe, 2010, p. 10).

Finally, “The Professionalization of Social Work? A Case Study of Three Organizational Settings” is a phenomenological case study by Roach-Anleu (1992). Roach-Anleu investigated what factors led social workers to successfully claim professional status. The author undertook forty interviews in various social work settings and gathered field notes and institutional

documentation, which were then analyzed and coded, though the paper does not explain her methodology or coding methods. The predominant finding is that social workers successfully professionalize if they are legally or systemically/bureaucratically guaranteed access to clients. Social workers in hospitals were least professionalized and yet they “possessed the strongest professional self-identity” (Anleu, 1992, p. 41).

Literature Review Conclusion

Understanding licensure and related advocacy initiatives in relation to the creative arts therapies is crucial to the establishment of this profession in the mental health field (Johnson, 1987). Licensure laws open to the creative arts therapies are few in North America. Often, creative arts therapies attempt to be included within larger counselling, couple and family therapy, or psychotherapy licensure laws. Advocacy work in this area is nascent. Current publications reflecting updates regarding this central issue in drama therapy as a profession are non-existent. In the meantime, any jurisdiction or province that accepts or rejects the creative arts therapies in their licensing laws may provide legal precedent for other jurisdictions, as licensing in mental health increasingly becomes the norm. Thus, obtaining access to a permit or license has the potential to greatly affect the health and development of drama therapy and the creative arts therapies on a systemic level. Therefore, a greater examination of the impact of a Canadian provincial licensure law on drama therapists’ concepts of professional identity and practice is necessary in order to tentatively make recommendations for drama therapy licensure advocacy moving forward.

Chapter 3. Methodology

According to Denzin and Lincoln (2005), qualitative research approaches can examine the critical meeting point where “theory, method, praxis, action and policy all come together” (p. 26). I am interested in gaining a deeper understanding of the ways in which drama therapists attribute personal meaning within their profession to structural/systemic shifts.

Primary Research Question: The Phenomenon

How do Quebec-based drama therapists express their lived experience of “professional *praxis*”, since Law 21 came into effect in July 2014, until April 2016? I am investigating drama therapists’ socially constructed meaning(s) and narratives of a perceived phenomenon (professional praxis) within a socio-historical context. Therefore, I will break down my phenomenon into three overall subjects or components: law 21, professional practice, professional identity.

Praxis is defined in the Oxford English Dictionary as “the practice of a technical subject or art; the habitual action” (praxis, n., 2002, p. 2313). Here, “professional praxis” falls under the umbrella of professional development, and can be defined as the combination of “professional identity” with “professional practice,” where the perception of professional identity combines with the ways in which it manifests in the lives of participants (Angrosina & Rosenberg, 2011).

By combining the drama therapist’s concept of the drama therapy profession with its performative act, I can further examine the systemic ways that a licensure law may impact the profession over the stated time in terms of the drama therapists’ processes (*how* and *why* drama therapists’ interpret the meaning of their professional praxis) and descriptions (*what* questions exploring the tangible manifestation or appearance of their praxis).

Phenomenology and Focus Groups

In terms of philosophical interpretive frameworks, my line of inquiry is inspired by both critical and social constructionist theories.

The social constructionist framework ought to be both “anti-foundationalist” and “resistant to reification” (Weinberg, 2008; Holstein & Gubrium, 2011). Anti-foundationalism is a postmodern concept that rejects the epistemological belief of one ultimate Truth, or the ability to ground knowledge in certainty (Buchanan, 2010a). In other words, I do not believe that my research will generate the ultimate and only Truth regarding the lived experience of the professional praxis of all drama therapists in Quebec between mid 2014 to the end of April 2016.

Rather, ontologically, I believe that reality is socially constructed and shaped by each person's perspective (personal history, biography, gender, social class, race and ethnicity, etc.) (Creswell, 2013; Denzin & Lincoln, 2011) and that the act of data collection and interpretation is both artistic and political (Denzin & Lincoln, 2005).

Reification involves treating intangible human qualities and behaviors as tangible objects, which may lend itself to the notion of commodification and ownership of ideas (Buchanan, 2010b). Therefore, by placing oneself against reification, anti-capitalist and other critical approaches can be implied or supported (Buchanan, 2010b).

Phenomenology. If, as social constructionism posits, quotidian reality is constructed “in and through social interaction” (Holstein & Gubrium, 2011, p. 341), then phenomenology may be an appropriate qualitative research approach choice in order to examine my research question. Phenomenology is based on publications by Husserl (1913), Heidegger (1988, 2010) and closely tied to the philosophical writings of Levinas (1979), Merleau-Ponty (1964), Derrida (1973) and Sartre (1956). Phenomenological research allows participants to reflect upon pre-reflective or lived experience of a shared phenomenon in order to understand meaning of the participants' perceived everyday realities (Creswell, 2013; Butler, 2014). As a research method and philosophy, phenomenology “continues to make us mindful to be critically and philosophically aware of how our lives (and our cognitive, emotional, embodied, and tacit understandings) are socially, culturally, politically, and existentially fashioned” (van Manen, 2014, p. 13).

Focus groups. Focus groups can be effective when examining the intersections of pedagogy, activism and interpretive inquiry (Kamberelis & Dimitriadis, 2011). They engage in pedagogy by encouraging collective, informative and transformative dialogue, as long as the researcher also notes and considers what may be unheard and or not said (Kamberelis & Dimitriadis, 2011). In the end, the use of focus groups can be political because “engaging in some sort of conflict . . . between the community and the powers-that-be . . . [encourages] finding ways to achieve consensus in support of an issue that has the potential to unite” (Agrosino & Rosenberg, 2011, p. 474).

Bias

Specifically, I hope that the readers of this paper will use this information to help lobby government agencies to legitimize and better position drama therapy and the creative arts therapies in Quebec and abroad moving forward regardless of findings. This desire to catalyze

the population studied supports a researcher-advocate or activist position in focus-group qualitative research (Kamberelis & Dimitriadis, 2011, p. 546).

Though Law 21 has already come into effect, my research presents the lived experience of drama therapists who have practiced during the time Law 21 came into effect until April 2016, when my focus groups occurred. The title of “drama therapist” has not been included into any Quebec professional order, and those that weren’t grandfathered in to Law 21 do not have access to a permit. There appears to be a removal of choice and access to clients by the government. Thus, if seen through a social justice and systemic lens, by placing importance on the lived experience of an outlawed population, I am attempting to place more power into the hands of those excluded by Law 21. This is my bias as a non-eligible drama therapy graduate and advocate for the profession.

In fact, the whole phenomenological research process becomes informed by critical theory, because each personal perspective is inextricably linked to notions of power and privilege. Furthermore, my personal perspective, combined with my desire to further drama therapy’s emancipatory potential, supports my critical interpretive framework (Creswell, 2013).

Activism and researcher influence. My phenomenological study will include my own personal journal entries and memos, as well as transcribed dialogues and researcher observations from focus groups. Given that I am a creative arts advocate and drama therapy student, then my research would not be effective if I were to enter into the focus groups with a political agenda. Because of my lack of distance with the material, I will attempt to be cognizant of my bias and monitor it during every stage of the research using a transcendental phenomenological approach (Moustakas, 1994). More specifically, in order to capture this multiply layered phenomenon, I will need to be diligent in holding back or bracketing my desires for actionable outcomes and any presuppositions that I may have going in to the data-collection portion of the research.

Validity and Reliability

Phenomenological research, by definition, occupies a specific time and place, and is co-constructed by researcher and participants, making it unique and non-repeatable or generalizable (Vagle, 2014; van Manen, 2014). Like Koltz and Champe (2010), I will attempt to control for my bias and address quality (validity and reliability) by member-checking any quotes, seeking peer-review with creative arts therapies advocates, and using researcher memos at all stages of the study. I will need to use memos and personal journals in order to fully express and delineate

the boundaries of my opinions, so that I may hold back on my own strong beliefs during the data collection and coding processes.

Other Ethical Considerations

Creswell (2013) presents a chart of general ethical considerations during the research process (pp. 58-59). In my case, I passed the Concordia University's ethics board and then sought participant and site consent (with the right to withdraw consent at any time). It was important to not include participant identifiers in my research report through a strict maintenance of participant confidentiality due to the potential professional impact on participants. Inspired by other drama therapists who have published phenomenological studies, I member-checked with advocates and sought participant approval for the use of quotes in the final report (e.g. Butler, 2014). I also needed to account for any outlying data in my final report (Creswell, 2013).

Like other phenomenological case studies that examine professional development with phenomenological case studies, I remain cognizant of power dynamics within the researcher-participant relationship. For example, I was junior to two focus groups and amongst my peers in the third and final student group. Regardless, I needed to hold and process professional anxiety with participants while avoiding siding with students' perspective when analyzing data. For this reason, I built in a check-in question towards the middle of my question guide, and passed around a resource list for seeking additional help regarding professional anxiety (see Appendices B and E).

The Methodological Steps to Data Collection

On 24 March 2016, 45 drama therapists were contacted by email using the membership database from the North American Association for Drama Therapy. Of the 45 contacted, 10 agreed to participate in an in-person focus group. These participants were divided into groups based on career development phase: student and/or recent graduate, grandfathered and/or clinical practitioner, and faculty or creative arts therapies advocate in Quebec. Once their informed consents were received, participants met in a convenient and agreed upon location in order to participate in a 1-1.5 hour-long audio recorded focus group (Millward, 2012). During each focus group, an interactional process that empowered participants to converse and self-direct the flow of conversation was encouraged (Millward, 2012). This desire for dialogue over discussion was stated directly in my interview script (see Appendix B).

These focus groups were semi-structured, with open-ended questions centering around my research question. Then, the audio recordings were transcribed, along with my personal memos/journal entries, and my focus group observations into MAXQDA, a qualitative data analysis software.

Data analysis and interpretation approach. In his chapter entitled “Phenomenological Research: Analysis and Examples,” Moustakas (1994) presents various ways to abstract transcriptions into important clustered, descriptive and thematic components, called *horizontalization* (Moustakas, 1994). However, in order to find meaning and complexly describe my data, I employed elements of a grounded theory approach to data analysis (Strauss & Corbin, 1998). According to Strauss and Corbin (1998), the data is first openly coded, which involves going through the data line by line and developing broad categories (with dimensions and properties) that will then be organized into concepts. Then, during axial coding, interconnections between categories of data are made and named. Although I did not attempt to develop a grounded theory from the data, I attempted to provide a textural and tentative structural description of the phenomenon (Moustakas, 1994; Creswell, 2013). Thus, I examined both the identity and practice of drama therapists in order “to transcend the (Husserlian) objectness and the (Heideggerian) beingness of a phenomenon” (van Manen, 2014, p. 179).

Possible conclusions drawn in my post-phenomenological study

Van Manen (2014) states: “phenomenologists, are not primarily interested in what humans decide, but rather in how they experience [or locate themselves in relation to] their decision-making” (p. 21). In sum, by successfully harnessing my researcher bias and exploring the various ways drama therapists have experienced their professional praxis in relation to the implementation of Law 21 in Quebec, a layered and complex description of the phenomenon emerges. Only after a greater examination of these themes will I be better situated to make tentative recommendations regarding advocacy work moving forward in the province.

Chapter 4: Phenomenological Results

Ten participants were roughly divided into three focus groups based on level of experience: students and recent non-grandfathered drama therapists (0-5 years of experience), grandfathered therapists (5-15 years of experience), and more senior-leveled practitioners/advocates and University staff (15 plus years of experience, or equivalent). A total of 3.5 hours of audio recording data from April 2016 was transcribed into MAXQDA, along with researcher memos.

The questions sought to gauge the level of understanding of Law 21, and to see whether participants' professional identities and practices had changed since the law came into effect in July 2014. Four out of ten participants were psychotherapy permit holders at the time of their focus group, while six out of ten were not. The six were ruled ineligible by the Order, either because they graduated post-2012, or did not have enough clinical hours during the grandfather period. The non-grandfathered participants currently work in community centers and schools, under different titles. The four grandfathered professionals work in private practices and within agencies. 1 permit holder works in the public sector under a different title.

Shared Themes Across All Focus Groups

Participants were invited to share their knowledge about Law 21, and to describe their identities and practices as a drama therapist with the help of a Question Guide (see Appendix B). Some themes were shared across all focus groups, and these themes are summarized below.

Table 1

Shared Themes Across Respondents

Subject	Common themes
Law 21	Lack of choice (7) and Job access (11)
Drama therapy identity	Passion (9) Fear/shame (22) Drama therapy, psychotherapy debate (17)
Drama therapy practice	Insurance (7) Client contact unchanged (7)

* Note: Bracketed numbers indicate the number of times themes were mentioned overall.

The level of knowledge regarding Law 21 varied amongst participants in each focus group. However, one theme that was present in all focus groups was that Law 21 presented drama therapists with a lack of choice. Next, one area where all respondents came together was in expressions, insights and descriptions of drama therapy professional identity. Across all focus groups, the main themes regarding identity were: passion, fear/shame and a debate regarding drama therapy and psychotherapy. Finally, regarding drama therapy practice, all focus groups mentioned the importance of finding insurance, and described their client contact as unchanged since the Law came into effect.

Law 21: Choice and access. As a Quebec-based student or recent graduate, being ineligible for a permit limits job and client accessibility: “When you go to a place where you have a training that is officially recognized, that means you can get a job after. This is how it works, for me, in my mind [...] I am realizing that it actually might even be harder to get a job here” (Participant 3). As a result, emerging drama therapists are forced to work under different titles contractually in community center settings or seek another degree in a related field. This lack of mobility is experienced as *lack of choice*. Participant 6 states: “You don’t really have the choice. If you go back to school because you want to, it’s great, but if you go back to school because you need a real job, it’s just sad. . . . I love being a drama therapist and I really believe in it. And I don’t want to go back to school to be eligible for the law 21.”

All participants recognized that having a permit gives more professional options to practitioners, while not having a permit limits options. While one participant chose not to apply for a grandfathered permit, this participant also resented the choice being taken away by the OPQ, stating: “I resent that someone else is defining what psychotherapy is. I feel like that’s our biggest fight in a way. . . . the work of creative arts therapists covers the spectrum. And that somebody else defines what that spectrum is, is not ok” (Participant 9). In order to gain access to employment and clients, permit-carrying drama therapists said that applying for a permit during the grandfather period wasn’t a choice: “Like it wasn’t my choice. I didn’t feel like I could continue doing what I was doing without becoming part of the order” (Participant 8) and “I totally agree. It wasn’t something that was chosen” (Participant 10). Participant 5 added: “it makes you more employable. For job postings online. . . . I already didn’t get called back, I think, because I didn’t have it yet. But once I did get it, I was able to—I was much more employable, once I got grandfathered into get the permit.”

Choice means access to different populations and opportunities, and access brings a feeling of establishment to both client and professional. Another participant stated: “clients are reassured by the fact that I have a permit that’s issued by the order of psychologists, that shows I have somebody that’s overseeing my work, and protecting them” (Participant 4). Participant 5 describes the feeling as “that kind of pride where there are people like *oh, you’re official.*”

One major theme related to Law 21, access and choice that emerge from the focus groups is a lack of access in both directions between all drama therapists and the communities/clients who need them most. For example, Participant 4 did not want to leave a position for fear that drama therapy would not be offered at the site again. Another participant stated that relationships that had been building up between drama therapists and sites for years had been cut off due to structural changes caused by Law 21 (Participant 9). Furthermore, Participant 10 spoke about the unethical implication that clients who are traumatized or non-verbal might only have access to permit-holders who have no training in arts or play-based interventions: “Kids and adolescents deserve to have access to better treatment. A treatment that works for them. It [drama therapy] works for them!” (Participant 10).

In sum, non-permit holders felt professional mobility limitations, whereas permit holders felt an increase in choice and accessibility, which led, in general, to an increase in professional pride. However, two questions that emerge regarding drama therapy identity include: how has the licensure law affected the perceived professional identity of non-permit holders; and has the exclusion of drama therapy in Law 21 filtered down and affected the core perceptions of all interviewed drama therapists in terms of professional identity?

Drama therapy identity: Passion, fear/shame, drama therapy/ psychotherapy debate. To further determine whether Law 21 created shifts in identity, all drama therapists interviewed were asked to describe the meaning behind the phrase “I am a drama therapist”—whether it changed or shifted since Law 21 came into effect in July 2014 until April 2016. Responses regarding drama therapy identity were similar across all focus groups, indicating no real change since Law 21 came into effect.

Every drama therapy focus group spoke about an ever-present belief in and *passion for drama therapy*. For example, words used to describe the evolution of professional identity since July 2014 by a drama therapy student included feeling “connected to” or “settling into” a calling, or passion. “I was just so passionate . . . that this was needed and that drama therapy matters,

that there is value in it. So I think, moving forward, that kind of passion, and our determination and our knowing that this matters is what we need to have moving forward. We have to keep that” (Participant 1). Another more experienced participant states: “I think my most beautiful interventions are using drama. The deepest work I do is with the drama. I am always floored. I am always so appreciative about the art . . . it brings air” (Participant 8).

All emerging professionals who participated in this study felt the exclusion from Law 21 and expressed feelings of *fear and shame*, a theme that has been remarked upon in the drama therapy literature (Johnson, 1994). In fact, *fear and shame* was the theme that emerged the strongest in the data across all focus groups. Fear was experienced as a fear of being critically examined and challenged by regulatory bodies like the OPQ: “It’s kind of like I’m scared of what’s going to happen if the psychotherapist order starts to look at me and see[s] that I might . . . do some psychotherapy” (Participant 6). Participant 6 mentioned letters from the Order of Psychologists sent to art therapists informing them that their practices were being investigated as a cautionary tale to non-protected drama therapists.

Moreover, by not being part of an Order, there was a fear that if you were found to practice an act that resembled the OPQ’s definition of psychotherapy, no organization or professional body was going to be able to defend you: “If they come to you and they decide that you are doing psychotherapy, and you don’t have the title, nobody is going to defend you So I’m feeling like ashamed, like I am hiding a little bit. . . . What I am is not, like, recognized and there’s no [officially assigned, legally upheld] value in my work, so I feel like . . . there’s no place for me right now” (Participant 6).

With one exception, every participant believed that the identity of drama therapy was inherently both drama therapeutic and psychotherapeutic in both theory and practice. However, as the identity of drama therapy is closely linked to its clinical practice, the definition of psychotherapy given by Law 21 was perceived in focus groups as somewhat superficial: “I wouldn’t be able to parse what part of my drama therapy session was drama therapy and what part of it was psychotherapy. And I resent even the idea of having to do that because I feel like the frame is psychotherapeutic and drama therapeutic at the same time” (Participant 8).

Participant 5 stated:

The [Concordia] program trains us to be psychotherapists. We use our counselling skills. We learn how to talk. We learn all that. And what I think is really helpful within that is I

use concepts of role, embodiment and experiential even with clients when it's just verbal. And it's just putting that into the... I guess the landscape of how we talk about things, and how [the clients] view themselves. It's the frame. The scope of the theories that are infused.

Participant 7 saw drama therapy as a bigger and broader entity that encompasses the Quebecer definition of psychotherapy, stating: "I am a drama therapist: I know what that is, I was trained, I know what my competencies are and I know that my competencies include [psychotherapeutic] skills. And so, you know. Fine, you want to own psychotherapy. We own drama therapy so, it's more."

As an unrecognized profession in Quebec, the act of 'drama therapy' becomes possible, but is not currently regulated. An outlying participant preferred to describe their work as "therapeutic" and not psychotherapeutic because this individual employed a non-interpretive arts based approach, and recommended that the definition of "therapy" be re-examined as "psychotherapy" becomes more protected. Participant 9 stated: "... psychotherapy is now being narrowly defined What's interesting . . . is that it doesn't say anything about the arts therapies. We can practice as arts therapists. But what does that mean? And what is the definition of that?" Therefore, like in other instances of state registration in Great Britain and licensure battles in the United States, the drama therapy identity is called into question by Law 21 in Quebec. Specifically, the roles of interpretation and verbal processing in drama therapeutic, psychotherapeutic and other therapeutic practices entered the discussion as an area for future research.

Drama Therapy Practice: unchanged client contact, insurance, job titles. All drama therapists unanimously declared that the Law 21 had not influenced or changed their commitment to choose interventions that fit the need(s) of the client. However, benefits of having a permit included more inclusion with insurance companies that were able to reimburse a portion of the client's treatment, but not always. Permit holders mentioned that not all insurance companies recognized drama therapists even if they were permit holders, and this was an issue currently being ironed out by the OPQ. Other ways of offering receipts mentioned were through the Canadian Counselling and Psychotherapy Association (CCPA), and the Order of Naturopathy.

The diversity of job titles held by drama therapists was also a prominent theme: “I saw a job that said ‘therapist’ so I thought ‘I’m gonna apply’ . . . they always ask for [you to be] part of an order. So, if I [get hired] in a place of work, it will be as a community worker, youth worker, an intervention or school counsellor” (Participant 2). All working participants had job titles that did not include “drama therapist” at the time of their focus group. Thus, participants spoke about Law 21 evoking feelings of advocacy like assuring the name “drama therapist” be included alongside the title that their workplace gave them. Participants found themselves speaking up more for drama therapy in general to potential clients and with sites.

Major Differences Between Focus Groups

Some prominent differences between permit holders and non-permit holders became apparent during both focus groups and analysis stages. These differences are summarized below, in Table 2.

Table 2

Important Disparities found across Focus Groups

Subject	Non-permit holders	OPQ permit-holders
Law 21	Lack of knowledge (13) Lack of communication (10) Confusion (11)	Deeper understanding of Law 21 (4)
Drama therapy practice	Avoiding “psychotherapy” in consents and pitches (3) Orientation of Site Supervisors (1)	Note-keeping (6) Continuing education credits (2)

* Note: Bracketed numbers indicate the number of times themes were mentioned overall.

Law 21, non-permit holders: Lack of knowledge, lack of communication and confusion. The predominant themes to emerge from non-psychotherapy permit holders/drama therapists regarding Law 21 in Quebec were *lack of knowledge* and *lack of communication*. Participants did not know where to find information, nor had they been told, informed, or included in any conversations regarding Law 21. One student participant stated:

I feel like I have no understanding of the law. . . . I found no professors, no drama therapists, professionals, no one really in my community. . . . which encompasses a lot of professionals in the field, talked about it, and so I feel like I don’t have any information

about it. I keep hearing about it, but what is that, and how does it affect me? (Participant 1)

Another practicing drama therapist and non-permit holder stated: “The information and the battle was held by such few people, that no one knew where to rally our energies, no one knew what to do. They knew well so-and-so was working on something, but we don’t know. So I feel like everything just kind of dissipated” (Participant 7).

Students also felt *confusion*. Students were confused about what “non-verbal” and “verbal” meant with regards to drama therapy practice and Law 21. Specifically, they queried whether the Order was referring to a neuro-typical form of verbal communication, and if so, they challenged this view as a privileged Western concept for psychotherapy, disrespectful to cultures who do not consider themselves as “primarily verbal” (Participants 1, 2, 3).

Permit holding drama therapists: A deeper understanding of Law 21. Drama therapists who held permits at the time of their focus group were able to accurately describe the relationship between Law 21 and drama therapy, in general, thanks to an ethics and note-taking class held by the Order of Psychologists. Thus participants with a permit had a *deeper understanding of Law 21*. Participant 8 stated:

In essence, the law doesn’t mention drama therapy. And the way that drama therapists have understood what the law means is that unless they have obtained the additional permit, then they cannot practice a form of drama therapy that looks like psychotherapy. And so, people have experienced a lot of fear around this. Around the limitation of what their practice is and is not, and how they can practice it, and how they may or may not be called out on it.

In sum, participants with permits understood that drama therapy is an un-protected profession in Quebec, with no future access to permits, and no recognized Order.

Drama therapy practice, non-permit holders: Vocabulary in consents and pitches, orientation of site supervisors. Non-permit holders were careful to avoid any use of the term *psychotherapy* in any consent or pitch to clients, agencies and sites. Participant 7 states: “I took *psychotherapy* out of everything. Out of all my documents. They all had more direct references to psychotherapy. . . I mean, um. Ya, I don’t use the term *psychotherapy*. Moreover, by being hired primarily in community center sites, one participant shared that they were often the only drama therapist at their sites, and that there was a shortage of on-site drama therapy supervisors

(Participant 1). This lack of on-site orientation or awareness of drama therapy was described as an obstacle to training experiences, as well as a greater professional development issue.

Drama therapy practice, permit-holders: Notes/ethics class, continuing education credits. Permit-holding drama therapists found that the biggest changes to their practice came with the way they were asked by the OPQ to keep notes. After taking an ethics and note-keeping class, they were asked to choose an orientation and conform to note-taking procedures. For example, Participant 8 stated:

When I am writing about drama therapy in those notes, I am writing them under, you know, we had to choose two or four ways that we most commonly practice—psychodynamically or humanistically or systemically or cognitively. And I am writing with that language and not drama therapy. But I resent it. I get angry when writing notes because I think about that outside body and it feels stressful.

Other therapists agree that note keeping and the threat of being audited is stressful (Participant 4, Participant 5).

Participant 8 and 4 also brought up another point that was taken up by other focus group members when they mentioned that each permit holder is required to take professional development credits each year to be eligible for permit renewals. They expressed concern that if drama therapy and other embodied techniques weren't part of the Order, then continuing to train with drama therapy or other non-recognized embodied techniques would be less affordable and accessible if money was being spent doing approved workshops. Participant 8 described the rarity of drama therapy-friendly continuing education credits, stating:

You are supposed to do 18 hours of additional training per year, and it has to be certified, approved by the order. I may want to take some additional drama therapy training, but that will not [generally] count for the psychotherapy order, for example, or even for marriage and family counselling training. . . . So, it impacts what your future training looks like because you are making financial choices about where you can and can't participate in.

In conclusion, my phenomenological findings indicate that drama therapists in Quebec are passionate and feel professional shame and fear. All participants maintain a clinical practice in which client needs dictate clinical intervention choice. However, knowledge of the Law 21 and its ramifications differ greatly amongst permit and non-permit holders. Amongst

participants, permit-holders were better informed, while non-permit holders lacked knowledge and prior communication regarding Law 21. In each focus group, the discussion turned towards future needs and other considerations for drama therapy to better professionalize in Quebec. These are important themes to consider before making advocacy recommendations. Therefore, themes regarding next steps and other considerations are presented in the following chapter.

Chapter 5: Discussion

Expressed Needs: Advocacy, Competency, Coming Together

The participants' feelings of shame have combined with their passion for drama therapy to create a desire for more *advocacy* in participants: to advocate with agencies, the government and other professional networks and systems.

Some see their role as advocates by adding and referencing drama therapy in their places of work with colleagues and clients: "I find in this process of having to defend who I am, and the work that I do as being valuable and valid, I find that I'm more vocal about the fact that I'm a drama therapist. Because that's my training" (Participant 4). "I think that since the law, like, I think that even though I can't be eligible for the psychotherapy title, I feel like I'm much more advocating for drama therapy. Or like, that's what I'm really doing and I want people to know about it" (Participant 6).

Others see the need for systemic engagement with agencies. "So I think it must inform the way I talk about drama therapy around how I talk about drama therapy to agencies in general. I think maybe it makes me feel more *in fight*, like fighting for the profession" (Participant 10).

One participant went further, and included the need to claim value in the drama therapy practice regardless of licensure laws: "... my dream is that for us as drama therapists to feel valuable in the work that we do as drama therapists. And, that that value will translate into us being hired to do the valuable work that we do in multiple places. And also inside of ourselves" (Participant 8).

Competencies. The drama therapists interviewed tended to separate the need to define drama therapy competencies with the need to ban together with creative arts therapies. Participant 9 stated: "I would like to see us having our own order. Because I want us to define what the competencies are, and I feel like we have very specialized skills in using drama. It shouldn't be defined by someone else. And I also think that'd be very interesting process for us to do as a profession. What are those skills?" However, agreeing on whether these competencies include play therapy, somatic work, creative arts therapies/ expressive arts therapies, arts-based approaches or interpretation/verbal processing is yet to be determined.

Coming together. However, in terms of advocacy, drama therapists believed in joining with other creative arts therapies to form an order by banning together as drama therapists first. Joining the creative arts therapies together for licensure was considered necessary because of the

growth in numbers of applicants. Participant 7 added: “I think we need a [bilingual] coming together for drama therapists, I think the order makes sense for Creative Arts therapists. [However] I feel like AATQ exists, music therapy exists, dance movement therapy has their movement. I feel like drama right now is floundering. And I think we have to come together as drama therapists for the creation of a [creative arts therapies] order.”

Other Considerations: Bill 10, Quebec Culture, Arts in Health Movement

Bill 10. When students started to bring up the importance of statistics and the stress of internship sites in the public sector, it became fairly evident that they were also feeling the effects of Bill 10, a bill that sought to overhaul and make major cuts to public administration of health services in Quebec. For example, participant 3 said: “My onsite supervisor is constantly telling me that I have to be very conscious about my notes and entering my statistics because I have to prove that we are doing something.” As a result, in every subsequent focus group, I asked each drama therapist to tell me which impacted them more: Law 21 or Bill 10? All answered Law 21 except for the participant who is still working in the public sector, who answered Bill 10. Students were unable to make a distinction due to lack of knowledge about either Law 21 or Bill 10.

One participant described Quebec as the “tightest and messiest place to practice drama therapy in the world right now” (Participant 7). This participant went on to explain:

One of the reasons I feel like the psychotherapy law was more insidious was because it actually put into question our competence. It put into question our ability to do something. Law 10 just got rid of jobs and structure. But the psychotherapy permit drew lines around the professions. And I think that that’s why it’s more insidious—it got into people’s self-identity. You know, rather than *where can I work?* it’s more like *I guess I can’t do that. That’s not who I am anymore* (Participant 7).

Quebec culture does not know drama therapy. A sizeable minority of participants mentioned that the Francophone dominant culture has little to no knowledge about drama therapy. Participant 6 said: “I will really explain what drama therapy [is] and really talk to people and bring it to the Francophones. Like the Francophones are way behind like the English parts here [in terms of knowledge about drama therapy], so we are trying to advocate a lot for the Francophones parts of here.” Another participant stated: “As drama therapists, we don’t have as many Francophones as anyone else [other modalities]” (Participant 7).

Arts in health movement. On the opposite end of the discussion regarding licensure, the arts in health movement took up a portion of one of the focus groups. Drama therapists are increasingly becoming territorial about non-accredited artists wishing to work in the same settings as creative arts therapists. According to some participants, the licensing of artists to work in health-related environments like hospitals or hospices threatens the drama therapy profession, as much as neuroscience threatens the psychology profession. According to one participant, playing into the psychotherapy licensure trap could be dangerous because there will be arts in health professionals moving ahead:

Yes, if we . . . take all constrictions and have them in our program, I think it's really dangerous. Because I feel like we will really get left behind and other people will move forward in ways that we should be leaders of. The arts and health movement. . . . So they're all going into hospitals, they're doing all sorts of things. They're applying for grants and they're not constricted by that because they're not calling themselves psychotherapists (Participant 9).

So what differentiates acting classes in health settings from drama therapy sessions according to participants? One participant described the difference between theatre sessions and psychotherapeutic drama therapy as a “difference of intentions” (Participant 5). In theatre, the leader will focus on skill-building and product, while in drama therapy, the therapist will often focus on group dynamic/process and affective material in a psychotherapeutic and drama therapeutic way (Participant 5).

In conclusion, there is a desire to come together in an informed way and advocate amongst participants. I have taken these into account while considering advocacy recommendations moving forward, which are summarized in the following final chapter.

Chapter 6: Future Recommendations and Conclusion

Find evidence-based support for core drama therapy processes and define drama therapy competencies

Protection of the public against ‘charlatanism’ is important. As mentioned in the literature review, professional licensure in mental health works in part by proving competence through evidence-based studies (Rubin et al., 2007). According to Pendzik (2003), drama therapy evolved as a primarily clinical field, that was “born in a truly interdisciplinary fashion, . . . as a plural organism in the tradition of dialogue, in what might be called a feminist or postmodern mode” (pp. 92-93). There is no central official drama therapy method, and drama therapists have incorporated and developed clinically from influences spanning psychology, sociology, politics, theatre, and education. Therefore, how do we begin to differentiate without “showing our stitches between drama and therapy?” (Pendzik, 2003, p. 91).

One of the only reasons we (as drama therapists) would be concerned about developing an independent field would be to ward off exclusionary policies or protectionist practices of other related medical or psychological fields who competitively develop a professional hierarchy that values evidence-based Western practices over all else. Accessibility to clients and clients’ accessibility to care are mutually determined by a mixture of commonly held beliefs and enforced policies. It is a privileged belief that when it comes to the brain, emotions and behaviour, neuroscience and evidence-based practices are the future. Limited mental health funding and access are awarded to fields espousing a medical model-approach to care. As neuroscience and psychopharmacology reign, most helping professions are turning to protectionist empirical measures quantifying their efficacy to ensure survival. Drama therapy necessarily must follow suite, or risk falling half a century behind comparable counselling and psychotherapeutic fields.

In North America, professional differentiation occurs when one’s profession is empirically supported and therefore reinforced by licensure and regulatory federal/provincial/state-wide mental health laws.

Professionalization is a cycle that travels from clinical work and development of interventions, to empirical or mixed method research, to the political (see *Figure 1*). Support or lack of support in the latter gravely impacts the clinical aspect of the field. Supported professions are granted more access to publicly funded grants, programs and clients, while

unsupported professions lack evidence, funding and access to wider clinical opportunities. The development of clearly defined and supported criteria in this path to independence as a field is of primary importance. Only then can a profession proceed to questions regarding efficacy and scope of practice and avoid the *charlatan* label.

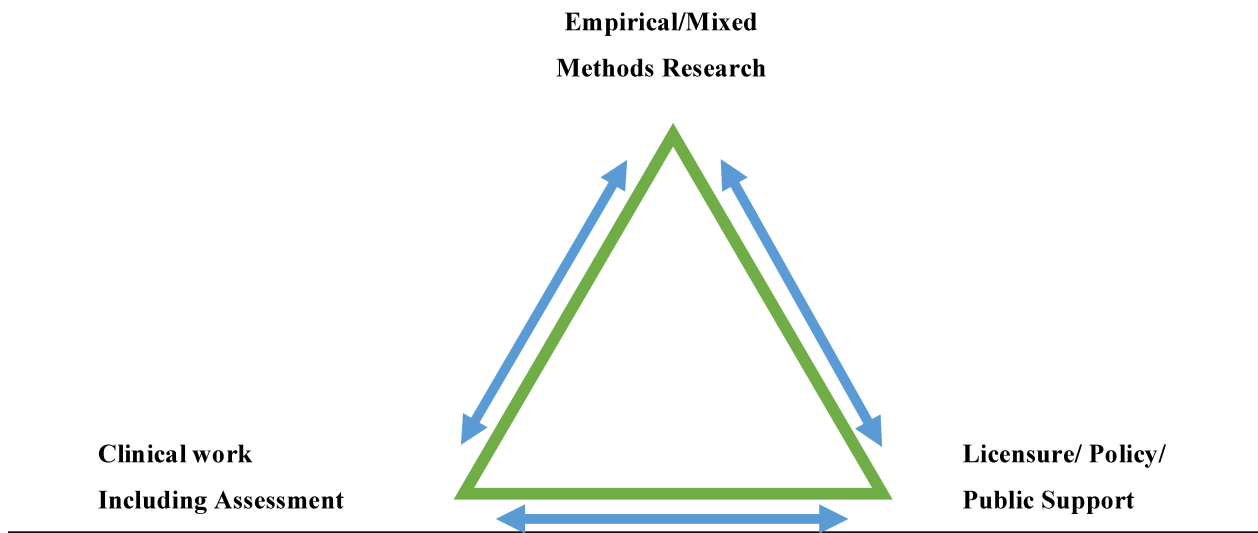


Figure 1. Professionalization cycle for mental health professions including drama therapy

The 1980s and early 90s saw licensure laws tightening around the mental health fields in both the United Kingdom and the United States. In response, there was a push to redefine drama therapy as a creative psychotherapy in order to avoid fragmenting and disempowering the field further (Johnson, 1985, 1987, 1991, 1994; Jones, 1991; Meldrum, 1994). As stated in the literature review, Jones (1991) stated: “The other [goal] is to challenge the encroachment of psychotherapeutic language by attempting to increase the prominence of the theatrical and dramatic within dramatherapy” (p. 8). In other word, Jones (1991, 1996) called for an operationalization of drama therapeutic processes occurring in-vivo between/ within the drama therapist and client(s) in order to support the accuracy of our clinical knowledge-base as a field.

Arguably, the application of these core processes must be tested and found valid, reliable and quantifiable. For example, 11 out of 13 reserved activities mentioned in the explanatory guide to Law 21 involve assessment (Office des Professions du Québec, 2012). Therefore, once drama therapy defines and substantiates its unique core processes, then it can begin to empirically support the ways drama therapy correlates change in these core processes and the

biological/ behavioural/ felt change in the client. Only in slowly building these connections will drama therapy be valued in the greater mental health environment, completely disprove the charlatan label and hopefully address the “shame and fear” dynamic central to its identity. Luckily, there are current drama therapy researchers like Armstrong who are continuing to substantiate Jones’ (1996) core processes in quantitative ways (Armstrong et al., 2015).

One possible way for drama therapy to address the lack of research to support core processes could be for drama therapy professors to use University networks to research these processes, hire students as co-investigators, and invite prospective and first- year drama therapy students to participate in studies for credit, similarly to University-level psychology studies.

We need to find a better way to track drama therapy’s professionalization process.

What are the documents/ requirements, fees, timelines, success rates, and other comparison statistics for accreditation, registration, and licensure regionally, by state or province, nationally and internationally? What are the trends in licensure for drama therapy globally? This is a recommended area for future research. Moreover, who are the points of contact in drama therapy who might be able to address specific questions by location and how can drama therapists have access to frequently asked questions and their answers?

Provide more professional development and information sessions for students and recent graduates

Students and recent graduates were not informed about Law 21 due to a lack of communication and information sharing within their training institution and greater community. Thus, a professional development class with an assignment that addresses professional development considerations, documents and costs (what to charge, the costs associated with private practice, and the price of professional association memberships) would be helpful.

A full matrix of links to state-by-state and province-by-province requirements is available through the North American Drama Therapy Association (McCabe, 2013), but a comprehensive description of application processes and list of states provinces that are/ are not amenable to drama therapists in their licensing procedures would be a useful resource moving forward.

Furthermore, a Quebec drama therapy association would be helpful for advocacy purposes moving forward. Then, information sessions could be regularly held for further discussions regarding policy changes affecting employment opportunities.

General Population Outreach: Creating Ties

Drama therapists in Quebec need to reach out to Francophone communities to recruit potential drama therapists, and get drama therapy as a profession more known in Quebec. An exploration with potential training partnerships with Francophone universities in Quebec might be beneficial for additional publications in French. Short films, testimonials and clips are very effective for the purposes of outreach and education (CATAC Québec, 2016).

Direction and Actions for Advocacy: Coming Together

The separation of art therapy from joint creative arts therapies legislature is occurring abroad and could be matched in Quebec. There is a risk that the decision made by OPTA to move forward with art therapy first potentially marks a desire for art therapy to proceed with licensure separately from other creative arts therapies, with consequences yet to be determined. As it stands, joint advocacy measures are stalling. Therefore, there ought to be a bilingual legally binding document indicating that all creative arts therapies will be included in an order together in Quebec unless otherwise mutually agreed upon. Then, finding ways to promote joint creative arts therapies advocacy in the public sphere could be helpful.

All drama therapists should be invited to become politically active and engage in actions with governments. Moreover, direct guidance and better communication ought to occur between advocacy members of OPTA and CATAC, hopefully a future new NADTA Quebec chapter or association (with participation from the NADTA government relations committee), and creative arts therapists in Quebec. To this end, a joint website with a calendar of events, rallies, talks and open or closed door meetings could be made public. As well, a monthly meet-up or online forum may be warranted. These actions towards open communication and professional community-building will be important in order to encourage drama therapists to take action in terms of letter-writing, petitions, picketing/ presence at important meetings with the government.

Making important documents available and accessible

There are several primary documents that could be gathered, translated, and made easily accessible online to all in English and French, including: examples of cease and desist letters sent by the OPQ to art therapists thought to be practicing psychotherapy, a timeline of events since 2005, the Trudeau Report (Gouvernement du Québec, 2005), Bill/Law 21 (Gouvernement du Québec, 2009), the Concordia and UQAT advocacy packages, and the letter explaining the exclusion of creative arts therapies from the Office des Professions (See Appendix H).

Ensure that the interests of permit-holders are being advocated for and represented within conversations with the Government of Quebec.

Without an Order to represent them, permit-holding drama therapists are still in a more vulnerable position than other more established professions. Thus, advocacy goals would include: establishing drama therapy-related continuing education credits and standardizing and approving orientation friendly note-keeping procedures.

As stated by Participant 8 (p.29), to-date, drama therapy-related continuing education credit workshops approved by the OPQ are very rare. For example, one continuing education credit workshop was proposed by a dually-trained drama therapist, accepted by the OPQ, and facilitated during the 2015-2016 year, co-led by a California-based drama therapist (Foster, personal communication, 9 August 2016).

As explained in the literature review, drama therapists can be licensed as marriage and family therapists in California (CIIS, 2014). Marriage [Couple] and family therapy has an order within the OPQ in Quebec (Conseil interprofessionnel du Québec, 2014). Thus, applying to the OPQ for workshops given by drama therapists who are dually trained and/or carry OPQ-approved titles and licenses elsewhere may be a good future advocacy goal, in order to better support license-holding drama therapists.

Conclusion

After undertaking a thorough socio-economic and historical literature review for context, a phenomenological case study was done in order to determine the potential impacts of Law 21, a licensure law, on the professional identities and praxes of drama therapists living and working in Quebec. 10 Participants were divided into 3 different focus groups by level of experience. They were asked about their knowledge of Law 21, and about their practices and professional identities between July 2014 and April 2016. After transcribing and analyzing the data, some common themes emerged, especially around drama therapy identity and practice. Namely, drama therapists are passionate about drama therapy, feel shame/ fear and discuss whether drama therapy ought to be considered arts-based (therapeutic) or psychotherapeutic. Important differences between focus groups were observed as well, especially around level of knowledge regarding Law 21 itself. Students and recent graduates were virtually non-informed regarding the Law. Future recommendations were made to improve the access to information, improve

research regarding core drama therapeutic processes, and encourage future advocacy actions regarding creative arts therapies licensure in Quebec and abroad.

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APPENDIX A:
Advertisement for Study

**LAW 21, DRAMA THERAPY AND PROFESSIONAL PRAXIS IN QUEBEC: A
PHENOMENOLOGICAL STUDY**

WHO:

Do you live and practice as a drama therapist in Quebec? Do you speak English/ French*? Are you:

- A student or recent graduate (0-5 years of experience)
- A grandfathered and/or mid-career drama therapist (5-15 years of experience)
- A staff or well-experienced drama therapist (15+ years of experience)

WHAT:

We are searching for voluntary participants** for **ONE** 60-to-90-minute-long focus group (confidentially audio and video recorded for transcription purposes). We are trying to determine whether Law 21 has impacted the drama therapy identity and practice in Quebec, between July 2014 and March 2016.

If interested, please contact Christina Opolko (christina.opolko@gmail.com) for more information. This is for a final project requirement for M.A. Drama Therapy, Concordia University.

*Note: Exclusion criteria include: inability to communicate in English or French; does not practice and reside in Quebec; does not identify as a drama therapist.

**Note: If you participate, you may also be asked to verify any quotes chosen for publication prior to publication, by email, in order to insure confidentiality and lack of identifying information, as approved by you.

APPENDIX B:

Interview Guide

Interview Guide: Focus Group

Date: _____

Thank you for being here today. If you are here, you have officially consented to participate in a focus group in which you will be asked about your professional praxis as a drama therapist with 0-5/ 5-15/ 15+ years of experience in Quebec. You will be here with me for 60 to 90 minutes. For this phenomenological study, I am interested in determining what if any impact Law 21 has had on your identity as a drama therapist and your practice of drama therapy since the Law came into effect in July 2014, until now. For the purposes of this discussion, we will be speaking about the *praxis* (practice and identity) of you as a drama therapist, not as a student/ teacher/ etc.

Drama Therapy is a profession, and praxis is defined in the Shorter Oxford English Dictionary (OED) as “the practice of a technical subject or art; the habitual action” (praxis,n., 2002, p. 2313). Therefore, I am interested in knowing about your ideas about the profession in general and your experience of habitual practice as a drama therapist, since Law 21 came into effect, until today. Bill 21 came into effect as Law 21 in Quebec as of July 2014. The licensure law stipulated which occupations had access to the Order of Psychologists of Quebec permit (OPQ permit). Moreover, it stipulated that the practice of psychotherapy was primarily verbal and described what the act of psychotherapy might resemble, based on philosophical orientations and descriptions. However, the impact of Law 21 (Bill 21) on drama therapy as a profession in Quebec is yet to be determined.

In order to figure out the law’s impact, if at all, I would like to hear from you. In general, over the course of each focus group, all participants will be asked to share lived experiences (insights, observations, personal opinions) in relation to their drama therapy professional development (identity and practice) with particular focus on the time Law 21 came into effect until the time of the focus group in the Spring of 2016. If you agree, please jump in, because I would like this to be conversational and interactional, not just question and answer.

Before we begin, I must inform you that you may withdraw your consent in writing by 15 May 2016, which would mean that any data that you provided would be excluded from the final publication. Should you feel uncomfortable during the process of this focus group or moving forwards for whatever reason, please do not hesitate to contact me and I will direct you to appropriate counseling services, which I will mention at the end of this focus group.

Any questions?

Ok, so let's begin:

Semi-structured Questions:

Can you describe to me your understanding of Law 21? Does it effect or impact drama therapists in Quebec? If so, how?

What does it mean to be a drama therapist in Quebec, in general?

What is it like being a drama therapist in Quebec since July 2014? Can you describe or give examples of your experience/ impressions?

Has your professional **identity** as a drama therapist changed since July 2014? If so, how? If not, can you elaborate?

How are you doing so far? How is everyone feeling?

Has your professional **practice** as a drama therapist changed since July 2014? If so, can you give an example? If not, can you describe things that you have done in practice since 2014?

Do you frame your work to potential clients/ agencies differently since July 2014?

What are your expectations/impressions/ experiences regarding the professional praxis of drama therapy since July 2014?

Which impacts you more? Bill 10 or Law 21?

What questions do you have moving forward as a drama therapist in Quebec?

Conclusion:

Thank you for sharing your experience. I will be transcribing the audio using Transcription Divas, and then uploading the transcripts to MAX QDA, a qualitative coding software. I will be confidentially storing the data for 5 years before destroying the data. If any of your quotes prove pivotal, I may contact you with the quote that I will intend to use for approval. As well, in general, I may contact you via email for clarification regarding statements made today. Your total participation time should total 3 hours or less. Again, if you choose for whatever reason to withdraw consent, it must be written and emailed to me by 15 May 2016 to have all of your data taken out of the study. Again, if you wish to process any psychological and/ or emotional discomfort from this focus group further, you may contact me if you feel that an additional 30 minutes of processing are necessary. Alternately, you may reach the Argyle Institute at (514) 931 5629 ext. 1 (there is a sliding scale of 40-120\$/hr); and students are encouraged to contact the Concordia Counselling Services at *SGW*: (514) 848-2424, ext. 3545 or *LOY*: (514) 848-2424, ext. 3555, with upto 10 free sessions available to current students. Finally, I am handing out additional resources for you to take with you all! (hands out Appendix E).

Thank you and have a good night!

APPENDIX C:
Recruit Letter

Dear _____,

I was given your name by _____ who thought that having your participation in my phenomenological study at Concordia University would be beneficial.

My name is Christina Opolko and I am currently a second year graduate student of Drama Therapy at Concordia University. For my final project entitled “**Law 21, drama therapy and professional praxis in Quebec: A phenomenological study.**” I am seeking drama therapists to participate on:

Monday 4 April 2016, 7-8:30pm, current first and second year students and recent graduates (non-grandfathered, ≤ 5 years since graduation)

Monday 11 April 2016, 7-8:30pm, grandfathered drama therapists, and/or 5-15 years of experience in the field

Monday 18 April 2016, 7-8:30pm, drama therapy faculty and 15+ years of drama therapy experience

If interested, please contact christina.opolko@gmail.com for a consent form and further information by **Thursday 31 April 2016**. These focus groups will be taking place at Concordia University, in room **VA-212**.

I am currently looking for voluntary participants who: are drama therapists, live and practice in Quebec, and speak English and/or French. The exclusion criteria include: not residing and working in Quebec, not speaking English and/ French, and not identifying as a drama therapist.

If you fit these criteria, we are inviting you to participate in one 60-to-90-minute long focus group regarding your lived experience in drama therapy (professional identity and practice) between July 2014 until March 2016. We would like to determine the potential impact of Law 21 on the practice and professional identity of drama therapists in Quebec, and further contribute to policy and licensure research in the field of drama therapy. The total amount of volunteer time

you would spend with us would be 3 hours, you would be filmed and audio recorded and these recordings would be used solely in the transcription and analysis process. Your identity would be known only to the researchers and coded in the transcriptions. Your answers would be essentialized by theme, although if we chose to include a quote, we would ask your permission first. You would also be free to withdraw participation at any point prior to 15 May 2016.

If you are interested in participating, please look over the consent form, attached, and email me back with any comments/ questions. Looking forward to hearing back from you!

Sincerely,

Christina Opolko

christina.opolko@gmail.com

514-661-3021

Research supervisor: Stephen Snow

Stephen.Snow@concordia.ca

APPENDIX D:

Consent Form

INFORMATION AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: Law 21, drama therapy and professional praxis in Quebec: A phenomenological Study

Researcher: Christina Opolko

Researcher's Contact Information: christina.opolko@gmail.com, (514)661-3021

Faculty Supervisor: Dr. Stephen Snow

Faculty Supervisor's Contact Information: Stephen.Snow@concordia.ca, 514-848-2424 x4641

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please contact Christina Opolko, christina.opolko@gmail.com.

A. PURPOSE

The purpose of this this research is to determine if any impact on professional identity and/or practice has been felt by drama therapists in Quebec since the passing of Law 21 in the summer of 2014.

B. PROCEDURES

If you participate, you will be asked to join one 60-to-90-minute long filmed and audio-recorded focus group in April 2016. In total, participating in this study will take 3 hours of your time, should we need to verify or clarify quotes or process the focus group further with you.

Each focus group will be made up of 3-4 drama therapists at a matched self-reported developmental stage. There will be three focus groups in total: students and recent graduates (0-5 years of experience); grandfathered and/or mid career individuals (5-15 years of experience); and tenured university staff and/or very experienced drama therapists in Quebec (15+ years of experience).

As a research participant, your responsibilities would be:

- to attend and participate in one 60-90 minute focus group
- to be respectful of diversity in opinions, experience and responses of fellow participants
- to maintain confidentiality regarding the identities of all participants, as well as focus-group content
- to agree to being filmed and audio-recorded for transcription (transcribed by Transcription Divas services) and analysis (MaxQDA, qualitative data analysis software) purposes only.
- to be available for quote verification and additional information processing and clarification beyond the

group

- to be mindful of the fact that you may withdraw your participation in this study at any point, up until 15 May 2016.
- To understand that the results of this study may be published and presented beyond Concordia.

C. RISKS AND BENEFITS

You might face certain risks by participating in this research. These risks include: feeling uncomfortable about sharing certain information and opinions within the context of the focus group, and potentially feeling professional anxiety.

You might or might not personally benefit from participating in this research. Potential benefits include: contributing to policy and advocacy research regarding licensure in the drama therapy field, as well as helping to clarify and describe felt impact(s) of Law 21 to the drama therapy practice and identity of drama therapists in Quebec.

This research is not intended to benefit you personally.

D. CONFIDENTIALITY

Prior to the focus group, we will gather the following confidential information as part of the research: your name and contact information; the amount of experience you report having as a drama therapist.

By participating in the focus group, you agree to share your accounts of lived experience with the researchers. Specifically, we will be inviting you to share your insights, observations, and personal opinions in relation to your drama therapy professional development (identity and practice) with particular focus on the time Law 21 came into effect until the time of the focus group in the Spring of 2016.

We will not allow anyone to access your information, except people directly involved in conducting the research, and except as described in this form. We will only use the information for the purposes of the research described in this form.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name, accessible only to the primary researcher.

We will protect the information by keeping all documents password protected and secure place. Moreover, every effort will be made to essentialize and describe all shared experiences. The essentializing process will be achieved through thematic analysis of transcribed materials, researcher observations/ memos. However, if a quote is used in the final version, we will contact you for quote verification prior to publication.

We intend to publish and possibly present the results of this research for academic and professional purposes. It

will not be possible to identify you in the published results.

We will destroy the information five years after the publication of the study on Spectrum.

In certain situations, we might be legally required to disclose the information that you provide. This includes situations where we are under subpoena or are required to do so by law. If this kind of situation arises, we will disclose the information as required by law, despite what is written in this form.

E. VIDEO/ AUDIO RECORDING

I agree that Christina will be video and audio recording our interviews and that this material will be transcribed in order to be analyzed. Any/ all footage will be kept confidential.

☐ YES OR ☐ NO

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. You can stop at any time up until 15 May 2016. If you wish to stop, you must inform us in writing that you withdraw your consent. Should you withdraw your consent, quotes and other contributions will be deleted and will not be included in the final version of this phenomenological study.

We will tell you if we learn of anything that could affect your decision to stay in the research.

There are no negative consequences for not participating, stopping in the middle or asking us not to use your information.

In order to participate, please provide Christina with my stage of professional development:

- ☐ Student or recent graduate (0-5 years of experience beyond school)
- ☐ grandfathered drama therapist and/or mid-career drama therapist (6-15 years of experience)
- ☐ University Staff and/or experienced drama therapist (15+ years)

Comments: _____

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME _____ (please _____ print)

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

APPENDIX E:
Resource Guide for Participants

If you feel any resulting professional anxiety from these focus groups, you have some options:

- 1) You may contact me for upto 30 minutes of additional personal talk-time regarding this topic. You can reach me at christina.opolko@gmail.com or 514-661-3021.
- 2) If you are a current Concordia student, **Concordia Counseling Centre (for current students)**: *SGW*: (514) 848-2424, ext. 3545; *LOY*: (514) 848-2424, ext. 3555
- 3) If you are seeking help in general, I recommend **Argyle Institute**: 514-931-5629 (with a sliding scale of 40-120\$/hr).
- 4) Finally, if you wish to take some actions or get further informed, I recommend reading up and reaching out beginning with these two links from the National Association of Drama Therapy
 - a. Advocacy Tools and Resources:
http://www.nadta.org/advocacy/advocacy_tools.html
 - b. Advocacy in Canada:
http://www.nadta.org/advocacy/advocacy_in_canada.html

APPENDIX F:

Letter from Stephen Snow regarding 'quackery' letter online



October 10, 2014

Dear Drs. Fitzpatrick and Drapeau,

The webpages for your url, www.psychotherapies.ca, were recently brought to my attention. I read them with great interest. It is certainly within your rights as psychologists and members of the Order of Psychologists of Québec to articulate and define various aspects of psychotherapy. I applaud your intention to protect the public, which is, of course, the central mandate of an Order in Québec. However, when you use the rubric of *quackery* to define the field of Art Therapy, you have broken the boundaries of civil discourse around the issues of psychotherapy in Québec. The labelling of "art therapists" as quacks is unfair, unjust, insidious, and not correct in any way of thinking about this issue.

Let me begin by saying a good number of art therapists have, in fact, already received the psychotherapy permit. They are, under Law 21, allowed to practice psychotherapy just like their peers in social work, nursing, occupational therapy, etc., as *art therapists* with the psychotherapy permit. Your labelling them as quacks contradicts your own statements in these webpages and is highly prejudicial to their professional work as psychotherapists in Québec.

The field of Creative Arts Therapists in Québec is presently demanding a re-evaluation of the contents of Law 21 as it has been articulated through the Office des professions. There is evidence for the fact that the Order of Psychologists in their "Avis" for the Conseil consultative interdisciplinaire, in 2012, stated that Art Therapy can be viewed as a form of psychotherapy. It was written in response to a question addressed to Conseil by the Office des professions: "Est-ce que l'art thérapie est une forme de psychothérapie"? In May 2014, a copy of this "Avis" from the Order of Psychologists of Québec began circulating via the internet (see attached). I don't know why this happened at this time, but the document is clearly in favor of supporting Art Therapy as a form of psychotherapy under Law 21. We are presenting this to the Office des professions as part of the evidence for the re-consideration of the place of Art Therapy, and the Creative Arts Therapies as a whole, in regards to Law 21.

Another important point is that, although, in Québec, the Creative Arts Therapies, or Arts Therapies as they are sometimes called, are not defined as psychotherapies under present government regulations, *in other jurisdictions they are*. Just over the border in New York State, the Creative Arts Therapies are licensed and viewed by law as forms of psychotherapy.



A decade ago, the New York State Office of Professions saw fit to create a license for Creative Arts Therapists working in New York State. Their website states very clearly that: "Creative arts therapists use assessment instruments and mental health counseling and *psychotherapy* (italics mine) to identify, evaluate and treat dysfunctions and disorders...Creative arts therapists are trained in *psychotherapy* (italics mine) and in specific arts disciplines, which may include dance/movement therapy, drama therapy, music therapy, poetry therapy and art therapy." So the title, Licensed Creative Arts Therapists (LCAT) in New York State allows practitioners in the Creative Arts Therapies to be defined as practicing *psychotherapy*. See more at www.op.nysed.gov.

This is what we are now seeking in Québec.

Another example of government regulation of the Creative Arts Therapies, where they are defined as *psychotherapies*, is located in Great Britain. Creative Arts Therapists are registered under the Health and Care Professions Council. There are some 3,447 Arts Therapists registered in Great Britain. For over two decades now, Arts Therapists in Great Britain have had a *protected title*, in the same way that psychotherapy is now a protected title in Quebec. They are regarded as practicing forms of psychotherapy. They have formulated strict rules for practice. The HCPC Standards of Proficiency for Art Therapy, for example, outline qualities and competencies. See more at: <http://www.hcpc-uk.org/>.

Because of the formidable education and strict standards for proficiency in both New York and Great Britain, these governments have licensed practitioners in the Arts Therapies as mental health professionals competent to practice their unique forms of *psychotherapy*.

Even closer to Québec, it seems that Creative Art Therapists will be allowed to apply for registration with the new College of Psychotherapy in Ontario. Creative Arts Therapists who are currently practicing psychotherapy may now apply to become members of the College via the grandparenting route. See more at: www.crpo.ca.

Again, this is what we are now advocating for in Québec. And, we believe the education of Creative Arts Therapists in Québec is comparable to New York and Great Britain.

Concordia University has had an excellent training program in the Arts Therapies, in Montréal, for many years. Founded over 25 years ago, the Masters program in Art Therapy at Concordia University is accredited through the American Art Therapy Association whose rigorous standards have helped to shape the excellent training graduate students receive in this program. The Drama Therapy Masters program was established in 1997 and is accredited by the North American Drama Therapy Association (NADTA). The standards for accreditation are equally rigorous and the Masters program in Drama Therapy was recertified, last year, by the NADTA. Academic training in Music Therapy had previously existed at the Bachelors level at the Université du Québec à Montréal (the program is no longer offered). When Concordia created its program it first admitted students to both the Graduate Certificate in Music Therapy program and the Masters program in Music Therapy in 2009 and 2010, respectively. Music Therapy at Concordia is accredited by the Canadian Association for Music Therapy. Again, this is a rigorous program of evaluation and assures the graduation of highly qualified mental health professionals. There is parity between the

three modalities, comprised of Art Therapy, Drama Therapy and Music Therapy, now taught at Concordia University. See more at <http://creativeartstherapies.concordia.ca>.

Obviously, to stigmatize our graduates as "Quacks" is highly detrimental to their professional development. To label Art Therapy or the Arts Therapies as "Quacks" is completely unwarranted. It poisons the environment both professionally and politically. As well-trained and competent mental health professional colleagues, we ask you to remove this unjustified designation of "art therapists" in your section on "How to Avoid Quacks" in your webpages.

As with the mandate of the Office des professions, I am sure your major intention, like ours, is to "protect the public" against damaging and unethical practices. All the professional associations that accredit our graduates in Creative Arts Therapies have strong standards in this direction. For a view of these associations in the in the U.S., by which two of our Masters programs at Concordia are accredited, see the American Art Therapy Association (<http://www.arttherapy.org/>) and the North American Drama Therapy Association (<http://www.nadta.org/>). Our Music Therapy programs are accredited by the Canadian Association for Music Therapy (<http://www.musictherapy.ca/en/>) which espouses equally rigorous ethical standards.

Please remove your highly prejudicial use of the term, "art therapist" from your webpages, as soon as possible.

I am looking forward to your speedy response on this matter.

Sincerely,



Stephen Snow, Ph.D., RDT-BCT
Professor and Chair,
Department of Creative Arts Therapies,
Co-Director of Research,
The Centre for the Arts in Human Development
Tel: 514-848-2424 ext. 4641
Fax: 514-848-4969
stephen.snow@concordia.ca
www.cahd.concordia.ca

APPENDIX G:

Hopeful Letter from OPQ to AATQ for art therapy inclusion



Art-thérapie Avis de l'Ordre des psychologues du Québec

La question posée par l'Office des professions du Québec est la suivante :

Est-ce que l'art-thérapie est une forme de psychothérapie ?

Considérations préliminaires

L'Ordre des psychologues a déjà produit des avis pour le conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie, notamment en ce qui a trait à la thérapie conjugale et familiale et à la zoothérapie. Pour ce qui est de la présente demande à propos de l'art-thérapie, de même que de celle qui concerne la musicothérapie, l'Ordre entend utiliser la même démarche qui consiste à vérifier si ces interventions sont constituées des trois éléments (dits constitutifs) autour desquels s'articule la définition de la psychothérapie, celle-ci n'étant pas limitative quant aux modalités auxquelles il est possible de recourir. La question qui est posée porte ici encore sur des modalités puisqu'elle ouvre sur la dimension de la communication et le recours pour établir cette communication à d'autres médiums que la parole. Comme pour la zoothérapie, notre analyse visera à déterminer la finalité de l'art-thérapie et de la musicothérapie puisque c'est le cadre dans lequel on applique des modalités pouvant être différentes qui est déterminant. Nous nous appuierons sur la littérature scientifique et professionnelle de même que sur les curriculums de formation qui y sont associés pour en dégager un consensus scientifique et professionnel et conclure à la finalité des interventions qui utilisent des médiums différents.

La psychothérapie

Pour savoir si l'art-thérapie est une forme de psychothérapie, il faut d'abord se demander si l'art-thérapie constitue de la psychothérapie. Pour ce faire, il faut référer à la définition de la psychothérapie. Le projet de loi 21 la définit de la façon suivante :

La psychothérapie est un traitement psychologique pour un trouble mental, pour des perturbations comportementales ou pour tout autre problème entraînant une souffrance ou une détresse psychologique qui a pour but de favoriser chez le client des changements significatifs dans son fonctionnement cognitif, émotionnel ou

comportemental, dans son système interpersonnel, dans sa personnalité ou dans son état de santé. Ce traitement va au-delà d'une aide visant à faire face aux difficultés courantes ou d'un rapport de conseils ou de soutien.

Il se dégage de cette définition essentiellement trois grands éléments constitutifs, de même que l'évocation de ce qu'elle n'est pas, tel qu'illustré par le tableau qui suit :

Premier élément constitutif : sa nature	Traitement psychologique
Deuxième élément constitutif : son objet	Pour un trouble mental, pour des perturbations comportementales ou pour tout autre problème entraînant une souffrance ou une détresse psychologique
Troisième élément constitutif : ses objectifs	Qui a pour but de favoriser chez le client des changements significatifs dans son fonctionnement cognitif, émotionnel ou comportemental, dans son système interpersonnel, dans sa personnalité ou dans son état de santé
Ce qui n'est pas de la psychothérapie	Ce traitement va au-delà d'une aide visant à faire face aux difficultés courantes ou d'un rapport de conseils ou de soutien

Qu'est-ce que l'art-thérapie

Afin de répondre à la question posée par l'Office des professions, nous avons pris connaissance des documents concernant la maîtrise en art-thérapie offerte à l'Université du Québec en Abitibi-Témiscamingue¹ et celle offerte à l'Université Concordia². Nous avons également répertorié de nombreux articles de recherche et consulté certains sites Internet. À partir de ces différentes sources d'information, nous avons retenu les définitions suivantes :

Définitions de l'art-thérapie

- 1- « L'exercice de la psychothérapie par les arts consiste à évaluer le fonctionnement psychologique, à déterminer et à effectuer des interventions et des traitements basés

¹ Annexe à la résolution 162-CE-1239 maîtrise en art-thérapie-Université du Québec en Abitibi-Témiscamingue 13 avril 2006

² Lettre envoyée par Mme Josée Leclerc, Ph.D. Professeure agrégée et directrice, Présidente du Comité pour la reconnaissance de la formation de 2^{ème} cycle en psychothérapies par les arts de l'Université Concordia et l'intégration des psychothérapeutes par les arts au système professionnel, Département de psychothérapies par les arts, Université Concordia, à l'office des Profession, 2006

sur l'utilisation de l'expression artistique à des fins thérapeutiques dans le but de favoriser la santé psychologique, de rétablir la santé mentale³ et de promouvoir le développement harmonieux de l'être humain en interaction avec son environnement »⁴;

- 2- Selon l'Association des arts-thérapeutes du Québec, « L'art-thérapie est une discipline des sciences humaines qui étend le champ de la psychothérapie⁵ en y englobant l'expression et la réflexion tant picturale que verbale. Bien qu'en art-thérapie la personne puisse aborder le même type de problèmes que dans une thérapie verbale conventionnelle, elle s'engage toutefois dans le processus thérapeutique⁶ en créant une œuvre avec le matériel d'arts plastiques tout en discutant avec le ou la thérapeute⁷ »;
- 3- L'art-thérapie se définit comme une démarche d'accompagnement psychologique d'une personne ou d'un groupe en difficulté⁸, centrée sur l'expression de soi, de ses pensées, émotions et conflits dans un processus de création d'images. La spécificité de l'art-thérapie s'exprime ainsi dans l'utilisation de médias plastiques visant la compréhension et la résolution de problèmes, le soulagement de l'anxiété et de la souffrance psychologique et même physique, ou simplement l'évolution et le mieux-être psychologique de la personne ou du groupe.^{9 10};
- 4- Selon l'American Art Therapy Association, "Art therapy is a mental health profession that uses the creative process of art making to improve and enhance physical, mental and emotional well-being. The creative process involved in artistic self-expression helps people resolve conflicts and problems, develop interpersonal skills, reduce stress, and increase self-esteem and self-awareness^{11 12} »;

Selon l'Université Concordia, "Art therapy involves helping those with emotional and psychological difficulties¹³ to deal with their problems through a cooperative process of discovery. Clients are encouraged to come to their own understanding of what their art reveals, facilitated by the therapist, who helps to negotiate interpretations of the client's drawings, which are created through a therapeutically oriented art-making

³ Notre soulignement

⁴ Référence numéro 2

⁵ Notre soulignement

⁶ Notre soulignement

⁷ Définition accessible à l'adresse URL suivante : <http://aato.org/fr/>

⁸ Notre soulignement

⁹ Annexe à la résolution 162-CE-1239 maîtrise en art-thérapie-Université du Québec en Abitibi-Témiscamingue 13 avril 2006

¹⁰ Notre soulignement

¹¹ Notre soulignement

¹² Définition accessible à l'adresse URL suivante :

<http://www.americanarttherapyassociation.org/upload/whatisarttherapy.pdf>

¹³ Notre soulignement

process.¹⁴ "Investigation of the interrelationship between the visual arts and the therapeutic process¹⁵ is approached through experiential and didactic learning methods. Students acquire skills in the practice of psycho-dynamically oriented art therapy¹⁶ through their practicum and the study of theories of art therapy, as developed by leading practitioners."¹⁷

- 5- "Art therapy is a form of psychotherapy¹⁸ that uses the expressive qualities of visual mark making within the context of a therapeutic relationship to effect personal change with the aim of increasing well being and psychological functioning^{19 20a};

La lecture de ces définitions permet déjà d'anticiper la présence dans l'art-thérapie des trois éléments constitutifs de la psychothérapie. Toutefois reprenons systématiquement l'exercice pour chacun de ces trois éléments.

1- Premier élément constitutif :

Traitement psychologique

- *"The creative arts therapy interventions used in this research study provided opportunities "through which individuals [may] express thoughts and feelings, communicate nonverbally, achieve insight, and experience the curative potential of the creative process^{21 22}; (l'accent est mis sur la dimension curative du processus)*
- *"The client's engagement with art therapy treatment²³ activates his or her subconscious, revealing the inner object relations, its defense mechanism, and developmental problems. Art therapy allows the client to explore and experience the object relations in a safe environment, providing a therapeutic²⁴ regressive space. In this space, the client's subconscious mind is activated as the client is engaged in producing artwork. This therapeutic²⁵ environment enables the client to see the inner object relations safely and clearly, thus experiencing the exposure of the inner mind and a sense of purification resulting from the exposure."²⁶ (l'accent est mis sur un traitement qui est psychologique*

¹⁴ Notre soulignement

¹⁵ Notre soulignement

¹⁶ Notre soulignement

¹⁷ Définition accessible à l'adresse URL suivante : <http://creativeartstherapies.concordia.ca/programs/art-therapy-ma/index.php>

¹⁸ Notre soulignement

¹⁹ Notre soulignement

²⁰ What research evidence is there for the use of arts therapy in the management of symptoms in adults with cancer? A systematic review. Wood, M. J, and Al., Psycho-Oncology, 20: 135-145 (2011).

²¹ Notre soulignement

²² The efficacy of creative arts therapies to enhance emotional expression, spirituality, and psychological well-being of newly diagnosed Stage I and Stage II breast cancer patients: A preliminary study Ana Puig et al, The Arts in Psychotherapy 33 (2006) 218-228

²³ Notre soulignement

²⁴ Notre soulignement

²⁵ Notre soulignement

²⁶ Holding environment: The effects of group art therapy on mother-child attachment. Sunnam Choi, Kyungmin Goo, The Arts in Psychotherapy 39 (2012) 19- 24.

du fait qu'il renvoie notamment au "subconscient", au "monde interne" et aux mécanismes de défenses psychiques);

- "Art therapy is an intervention method that traditionally has drawn from psychoanalytic theory²⁷ for its framework and procedures. A breadth of current art therapies, informed by a variety of theoretical paradigms, share a common procedure that uses creative art as a method for promoting expression and healing²⁸." "Using art therapy as a treatment method for childhood trauma²⁹ was the focus of this study and the nature of the trauma these children experienced was categorized"³⁰ (l'accent est mis sur le traitement, la guérison des traumatismes de l'enfance);
- "Art therapy has been considered as an effective tool to gain insight into the dynamics of one's subconscious mind³¹. Group art therapy, in particular, allows the clients to share their feelings and thoughts through drawings and to learn from one another in an environment where one is encouraged to imitate another's mode of behavior or thinking. Group art therapy fosters this kind of imitative behavior among the clients and helps the clients establish their self-identity. In addition, group art therapy fosters the release of the client's repressed feelings and helps the client to better understand him or herself"^{32 33} (l'accent est mis sur la dimension psychologique de la thérapie, la référence étant faite au subconscient, à la compréhension de soi);
- "The client's engagement with art therapy treatment activates his or her subconscious, revealing the inner object relations, its defense mechanism and developmental problems. Art therapy allows the client to explore and experience the object relations in a safe environment, providing a therapeutic regressive space. In this space, the client's subconscious mind is activated as the client is engaged in producing artwork. This therapeutic environment³⁴ enables the client to see the inner object relations safely and clearly, thus experiencing the exposure of the inner mind and a sense of purification resulting from the exposure."³⁵ (l'accent est mis encore une fois sur un traitement qui est lié au "subconscient", au "monde interne" et aux mécanismes de défenses psychiques).

2- Deuxième élément constitutif

Pour un trouble mental, pour des perturbations comportementales ou pour tout autre problème entraînant une souffrance ou une détresse psychologique

L'art thérapie est notamment utilisé pour les problématiques suivantes :

²⁷ Notre soulignement

²⁸ Notre soulignement

²⁹ Notre soulignement

³⁰ The efficacy of creative arts therapies to enhance emotional expression, spirituality, and psychological well-being of newly diagnosed Stage I and Stage II breast cancer patients: A preliminary study Ana Puig et al, The Arts in Psychotherapy 33 (2006) 218–228

³¹ Notre soulignement

³² Voir référence numéro 23

³³ Notre soulignement

³⁴ Notre soulignement

³⁵ Holding environment: The effects of group art therapy on mother–child Attachment. Sunnam Choi, Kyungmin Goo, The Arts in Psychotherapy 39 (2012) 19– 24

« (...) problèmes de dépendance, trouble réactionnel de l'attachement, autisme, troubles cognitifs (démence, Alzheimer), intervention en situation de crise, difficultés d'adaptation, violence familiale, aide aux employés, services médico-légaux, maladies incurables, maladies ou blessures, troubles de l'humeur, abus physiques, abus sexuels, traumatisme crânien, troubles de l'anxiété, déficit de l'attention, deuil, trouble de la communication, trouble dissociatif, troubles de l'alimentation, problèmes conjugaux et familiaux, personnes âgées, troubles de l'apprentissage, retard mental, désordres neurologiques, déficience physique, désordres psychotiques, stress traumatiques³⁶. ».

Cette longue énumération rend tout à fait compte du deuxième élément constitutif.

Troisième élément constitutif

Qui a pour but de favoriser chez le client des changements significatifs dans son fonctionnement cognitif, émotionnel ou comportemental, dans son système interpersonnel, dans sa personnalité ou dans son état de santé

- « L'art thérapeute observe les changements et interprète leur sens³⁷ en fonction de la problématique initiale et en fonction de l'interaction de plusieurs facteurs. Dans la séance de thérapie, on observe le changement au niveau des comportements (engagement, spontanéité, affect), la qualité de la relation au thérapeute, le choix et l'utilisation des médiums (contrôle, fluidité, utilisation appropriée, évolution ex : dessins crayon mine au crayon coloré), l'évolution de la forme de l'imagerie (image rigide qui devient plus nuancée) et le contenu comme tel de l'image qui donne son lot d'indication sur l'évolution de l'expérience subjective de l'enfant ». ^{38 39}; (les objectifs se dégagent dans cette citation à partir de ce qu'on dit être observé dans le cadre de l'art-thérapie, ceux-ci renvoyant au troisième élément constitutif)
- "Art therapy is the use of art materials for self expression and reflection in the presence of a trained art therapist. The main aim of the practitioner is to enable the patient to effect change and growth on a personal level⁴⁰, within a safe facilitating environment. Heywood, K. (2003)⁴¹;(le but est ici exprimé de façon directe et non équivoque)

³⁶ Programme de maîtrise en art-thérapie- Université du Québec en Abitibi-Témiscamingue P. 28 (13 avril 2006)

³⁷ Notre soulignement

³⁸ Notre soulignement

³⁹ Pour se familiariser avec l'art-thérapie, Marianne Dufour, M. A. art-thérapeute. Journal Club-Département de Psychologie mai 2008- CHU Sainte Justine

⁴⁰ Notre soulignement

⁴¹ Introducing Art Therapy into the Christie Hospital Manchester UK 2001-2002. Complementary Therapies in Nursing & Midwifery (2003) 9 125-132

Conclusion

À la lumière des documents que nous avons consultés, force est de constater que l'art-thérapie rencontre tous les éléments constitutifs de la définition de la psychothérapie, tel que démontré précédemment. Nous concluons donc, sur cette base, que l'art-thérapie constitue de la psychothérapie. Nous croyons également que l'art-thérapie peut être aussi utilisée dans le cadre d'interventions qui ne constituent pas de la psychothérapie, mais qui s'en approchent. Si l'art-thérapie s'inscrit dans le cadre d'une psychothérapie, il faut alors que la personne qui la pratique ou qui l'utilise soit un psychothérapeute autorisé ou alors que cette personne intervienne en soutien du psychothérapeute autorisé qui en est le maître d'œuvre.

De plus, nous constatons que, tout comme la psychothérapie, l'art-thérapie prend des formes différentes selon l'orientation théorique du thérapeute (p. ex : approche jungienne, gestaltiste, humaniste). Il apparaît que « sa spécificité repose sur l'usage de l'expression créatrice comme modalité principale du processus thérapeutique »⁴²

Enfin, dans un autre ordre d'idées, signalons que des études se sont penchées sur l'efficacité de l'art-thérapie et les conclusions qui s'en dégagent notamment sont à l'effet que l'art-thérapie permet des changements significatifs :

« Outcome Studies on the Efficacy of Art Therapy »⁴³ : a répertorié plusieurs études pour lesquelles des changements significatifs ont été notés :

- Frank & Whitaker (2007) « ...reduction of symptoms (personality disorders); observed improvement »;
- Pifalo (2002) « ...statistically significant reduction on anxiety, post traumatic stress disorder and dissociation scales in girls and young women who had been sexually abused (ages 8-17) »;
- Bar-Sela et al, (2007) « ...statistically significant improvements in depression and fatigue in intervention group »;
- Gussak (2004) « ...statistically significant improvement in behavioral functioning and mood ».

⁴² Définition de l'Association des art-thérapeutes du Québec (1986/1996) annexe à la résolution 162-CE-1239 maîtrise en art-thérapie-Université du Québec en Abitibi Témiscamingue 13 avril 2006

⁴³ A review of Findings. Art Therapy: Journal of the American Art Therapy Association, 27(3) pp. 108-118 (2010)

APPENDIX H:

Letter of Explanation for Art Therapy Exclusion



Le 10 décembre 2012

Monsieur Pierre Plante
Professeur et directeur des cycles
supérieurs en psychologie (UQAM)
Président de l'Association des
art-thérapeutes du Québec
911, Jean-Talon Est, bureau 307b
Montréal (Québec) H2R 1V5

Monsieur le Président,

Je vous écris au nom du président pour vous informer que nous avons bien reçu votre lettre datée du 14 novembre dernier dans laquelle vous déplorerez les conclusions du Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie concernant l'art-thérapie et sollicitez une rencontre avec l'Office des professions pour discuter des conclusions de l'avis et de son impact sur la situation des art-thérapeutes dans divers milieux de travail.

Permettez-moi d'abord d'apporter quelques précisions en regard du rôle du Conseil. Composé de membres désignés par le gouvernement, il a pour mandat de donner à l'Office des avis et des recommandations concernant les projets de règlements de l'Office relatifs à l'exercice de la psychothérapie, ainsi que sur toute autre question concernant son exercice que l'Office juge opportun de lui soumettre. Le Conseil peut consulter toute personne dont il requiert l'expertise particulière ainsi que tout représentant d'organisme concerné.

Compte tenu du mandat confié au Conseil, l'Office laisse aux membres toute la latitude requise pour préparer leur avis. Cette saine distance permet à l'Office de s'appuyer sur une expertise indépendante qui lui apportera l'éclairage requis pour implanter des normes d'encadrement de la psychothérapie en fonction de l'état des connaissances et des pratiques sur le terrain, considérant sa mission de protection du public.

Ainsi, l'Office a demandé au Conseil son éclairage pour déterminer si l'art-thérapie constitue une forme de psychothérapie au sens du Code des professions. Il avait également transmis l'ensemble des documents concernant l'art-thérapie qu'il avait reçu ainsi que les lettres et mémoires.

...2

800, place D'Youville, 10^e étage
Québec (Québec) G1R 5Z3
Téléphone : 418 643-6912
Sans frais : 1 800 643-6912
Télécopieur : 418 643-0973

Certaines de vos préoccupations tout à fait légitimes que vous avez exprimées requièrent des précisions additionnelles relatives au contenu de l'avis que je souhaite vous communiquer par la présente.

Ainsi, s'appuyant sur l'article 187.1 du Code des professions, les membres du Conseil définissent la psychothérapie comme étant un traitement psychologique qui procède par voie psychique en vue d'un effet psychique. Concevant l'expression verbale comme étant le médium le plus représentatif du fonctionnement psychique, les membres considèrent que le langage est le médium constitutif de la psychothérapie. Pour ces derniers, seule la communication verbale, comme le langage et la parole, et paraverbale, comme la prosodie, le rythme, la gestuelle accompagnant la parole, satisfont le critère d'une méthode structurée qui vise un effet psychique par une voie psychique.

Les membres du Conseil ont également ajouté que d'autres médiums, qui ne sont pas fondés sur le langage comme l'art-thérapie, peuvent fonctionner de manière autonome en référence à leur propre code et leur propre méthode, auxquels cas ils ne constituent pas en eux-mêmes des formes de psychothérapie. Cependant, ils reconnaissent que ces médiums peuvent être utilisés dans un cadre psychothérapeutique sous des formes subsidiaires ou d'adjuvants, particulièrement lorsque l'expression verbale est difficile, mal formée ou entravée par des déficits instrumentaux. Ce recours présuppose toutefois que ces médiums subsidiaires soient dans une position de subordination à la logique théorique et clinique de la psychothérapie. Les membres du Conseil précisent, dans les cas où ces médiums sont subordonnés à la psychothérapie, qu'ils doivent alors s'inscrire dans un plan d'intervention qui respecte les exigences légales de la pratique de la psychothérapie.

Les membres du Conseil ont donc jugé que l'art-thérapie n'est pas en elle-même de la psychothérapie et qu'elle peut être pratiquée dans sa forme autonome à partir de ses propres références et méthodes. Dans ce contexte, les art-thérapeutes peuvent continuer à exercer l'art-thérapie sans détenir de permis de psychothérapeute. Toutefois, ils ont ajouté qu'elle pouvait être utilisée dans le cadre d'une psychothérapie en tant que médium subsidiaire. Dans ce cas, la démarche thérapeutique doit être sous l'autorité d'un psychothérapeute autorisé. Les membres du Conseil ont précisé que les art-thérapeutes qui répondent aux critères établis par le Règlement sur le permis de psychothérapeute pourront obtenir un permis et pratiquer alors la psychothérapie.

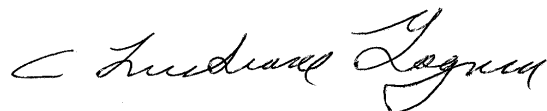
Vous avez soulevé dans votre lettre plusieurs questions relatives à la formation des art-thérapeutes. Nous avons constaté que, dans leur avis, les membres du Conseil ne se sont pas prononcés sur le contenu de la formation des art-thérapeutes, encore moins sur la valeur de leurs diplômes. Il ne faut donc pas en inférer de conclusion sur l'adéquation de la formation des art-thérapeutes.

...3

Étant donné les précisions apportées, je vous laisse le soin de juger si une rencontre vous paraît toujours nécessaire, auquel cas je demeure évidemment à votre entière disposition. Je vous transmets une copie de l'avis du Conseil qui vous permettra de prendre connaissance de manière plus approfondie des arguments retenus.

Veuillez agréer, Monsieur le Président, l'expression de mes sentiments les meilleurs.

La vice-présidente,



Christiane Gagnon

p. j. (1)

- c. c. Stephen Snow, directeur, Département de thérapies par les arts, Université Concordia
Josée Leclerc, coordonnatrice du programme de maîtrise en art-thérapie
Lise Pelletier, coresponsable – Programme Art-thérapie (UQAT)
Diane Ranger, coresponsable – Programme Art-thérapie (UQAT)
Gilles Delisle, président du conseil consultatif interdisciplinaire

Avis du Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie concernant l'art-thérapie et la musicothérapie

Mise en contexte

En date du 13 janvier 2012, l'Office des professions adressait au Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie une demande d'avis sur l'art-thérapie et la musicothérapie. La question qui nous était adressée était la suivante :

Est-ce que l'art-thérapie et la musicothérapie constituent des formes de psychothérapie, ce qui impliquerait que les art-thérapeutes et les musicothérapeutes devraient détenir un permis de psychothérapie pour continuer à exercer leurs activités ?

Afin de procéder à une analyse du fond de cette question dans le respect de son mandat, le Conseil a étudié l'ensemble du dossier qui accompagnait la demande d'avis de l'Office. Nous avons également fourni l'occasion aux sept ordres professionnels concernés par l'exercice de la psychothérapie, de faire valoir leurs points de vue.

Les documents reçus ont été acheminés aux membres du Conseil afin de leur permettre de les analyser avant de procéder au travail collectif de réflexion qui devait aboutir au présent avis. Au terme d'une réunion, tenue le 24 avril 2012, le Conseil en est arrivé au consensus qui suit. Nous scinderons la question en deux parties.

A. Eu égard à la question principale, contenue dans sa première partie : « Est-ce que l'art-thérapie et la musicothérapie constituent des formes de psychothérapie ? »

Le Conseil constate que :

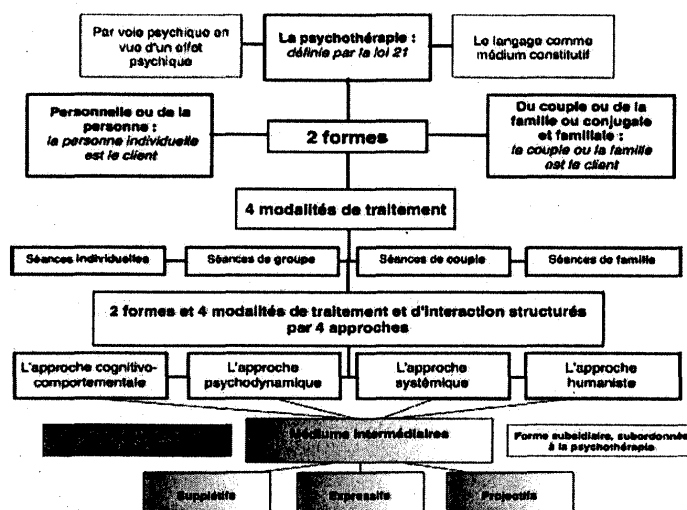
- Il ne peut, dans le respect de son mandat, se limiter à définir la nature de la psychothérapie uniquement par son but (sa cause finale, ce qu'elle vise), ni par son objet (sa cause matérielle, ce sur quoi elle porte) (Loi 21, art. 187.1), car il existe une quantité indéfinie d'activités humaines relationnelles ayant ce même but et ce même objet sans qu'elles soient pour autant de la psychothérapie.
- Certaines de ces activités humaines peuvent présenter des risques de préjudices pour la population. Cependant, le Conseil consultatif n'est pas sollicité à rendre des avis sur ces facteurs de risque, mais bien à examiner ces activités afin d'établir si, dans l'état actuel des pratiques, elles constituent ou non de la psychothérapie.

Conséquemment, le Conseil considère que :

- 1.1. La psychothérapie ne se caractérise pas uniquement par son effet — qui peut être obtenu par différentes voies indépendantes de la voie psychothérapeutique, notamment par la voie pharmacologique —, ni seulement par le fait qu'elle travaille sur un trouble ou une souffrance — diverses actions sociales ou éducatives en font tout autant —, mais plus essentiellement par la façon dont elle procède pour agir sur ces états.

- 1.2. Dans la mesure où le préfixe d'une appellation spécifie le moyen d'action propre à chaque thérapie, la psychothérapie doit être considérée singulièrement comme étant le traitement de la psyché par la psyché;
- 1.3. À cet égard, le terme traitement psychologique (Loi 21, art. 187.1) désigne donc une intervention qui procède par voie psychique en vue d'un effet psychique;
- 1.4. Que faut-il entendre par voie psychique ? L'expression verbale étant le médium le plus représentatif du fonctionnement psychique, le langage est le médium constitutif de la psychothérapie. Il est la voie essentielle par laquelle le psychothérapeute accède à l'univers psychologique de son client, et celle par laquelle il intervient sur cet univers.
- 1.5. La nature de la communication évoquée au 3e paragraphe de l'article 187.2 de la Loi 21 est donc telle qu'au sens restreint, seules la communication verbale — le langage, la parole — et paraverbale — la prosodie, le rythme, la gestuelle accompagnant la parole — rencontrent le critère d'une méthode structurée qui vise un effet psychique par une voie psychique;
- 1.6. Toutefois, différents médiums autres que fondés essentiellement sur le langage — donc spécifiés par d'autres préfixes que le préfixe psycho — peuvent entraîner des effets tantôt bénéfiques, tantôt nocifs pour ceux qui en sont les « bénéficiaires ». Ces autres médiums peuvent fonctionner de manière autonome en référence à leur propre code et leur propre méthode, auquel cas ils ne constituent pas en eux-mêmes des formes de psychothérapie.
- 1.7. Il arrive cependant que de tels médiums soient utilisés dans un cadre psychothérapeutique. Ils sont alors essentiellement des formes subsidiaires, des adjuvants, utilisés là où l'expression verbale est difficile, peu accessible, encore mal formée ou entravée par des déficits instrumentaux, ce qui implique une position de subordination à la logique théorique et clinique de la psychothérapie.
- 1.8. Il est possible de dégager 3 fonctions de ces médiums subsidiaires :
 - une fonction supplétive (qui vient en aide à ce qui est incomplet ou insuffisant; qui sert de supplément);
 - une fonction expressive (qui exprime, qui traduit d'une manière suggestive une façon d'être, un sentiment, une pensée);
 - une fonction projective (qui permet de transposer un mouvement psychique sur un objet matériel)
- 1.9. Dans ces cas où ils sont subordonnés à la psychothérapie, ces médiums peuvent être utilisés par divers intervenants, mais ils doivent s'inscrire dans un plan d'intervention qui respecte globalement les exigences légales de la pratique de la psychothérapie. La personne qui utilise ce médium subsidiaire doit alors être un psychothérapeute autorisé. Sinon, elle doit intervenir dans un contexte d'équipe de soins, en tant que spécialiste de l'utilisation de ces médiums, sous l'autorité directe d'un psychothérapeute qui reste le maître d'œuvre et le garant du cadre, du protocole et du dispositif thérapeutique.

1.10. Cette analyse vient ajouter au schéma produit lors des travaux du Conseil sur la thérapie conjugale et familiale, comme le montre la figure suivante :



1.11. Dans leur forme subsidiaire, subordonnée à la psychothérapie :

- Les médiums supplétifs, expressifs et projectifs peuvent être utilisés comme adjuvants dans les 2 formes de psychothérapie que sont la psychothérapie personnelle et la psychothérapie du couple ou de la famille;
- ils peuvent être utilisés dans l'une ou l'autre des 4 modalités de traitement et ils doivent être structurés par l'une ou l'autre des 4 grandes approches reconnues en psychothérapie.

En conclusion à la question principale

1. Le Conseil est d'avis que ni l'art-thérapie, ni la musicothérapie ne sont en elles-mêmes de la psychothérapie. L'une et l'autre peuvent donc être pratiquées dans leur forme autonome, avec leur propre code, leurs propres références et leurs propres méthodes. Dans cette forme autonome, elles peuvent être utilisées par des professionnels — par exemple, les ergothérapeutes ou les travailleurs sociaux — ou par des non-professionnels. Dans cette forme autonome, elles peuvent apparaître dans l'une ou l'autre des interventions qui ne constituent pas de la psychothérapie au sens du Règlement, mais qui s'en rapprochent. Par exemple : l'éducation psychologique et la réadaptation psychosociale ou psychiatrique.
2. Cependant, l'une et l'autre peuvent être utilisées en guise d'adjuvants dans le cadre d'une psychothérapie. Dans un cadre psychothérapeutique, la personne qui utilise ces médiums doit être un psychothérapeute autorisé. Sinon, l'intervenant en art-thérapie ou en musicothérapie ne peut œuvrer qu'en soutien au psychothérapeute autorisé qui reste le maître d'œuvre de l'ensemble de la démarche psychothérapeutique.

3. Le schème d'analyse présenté ici peut être appliqué de facto à toute forme d'intervention humaine structurée autour de l'utilisation principale de médiums autres que la parole et le langage et désignée par divers préfixes ou suffixes, tels : thérapie par le jeu de sable; danse-thérapie; théâtre-thérapie, thérapie équestre, thérapie par le son, etc.
4. Bien qu'indépendantes dans leur argumentaire, clinique dans le cas du Conseil, juridique dans celui de l'Ordre des psychologues, ces conclusions sont en phase avec la position juridique de l'OPQ telle que contenue dans la chronique juridique de Psychologie Québec de mars 2012, sous la plume de la conseillère juridique de l'OPQ.¹

B. Eu égard à la question subsidiaire, contenue dans la 2e partie : « [...] ce qui impliquerait que les art-thérapeutes et les musicothérapeutes devraient détenir un permis de psychothérapie pour continuer à exercer leurs activités ? »

Le Conseil constate que :

- 1.1. Il est déjà établi que chaque demande de permis provenant de professionnels autres que psychologues et médecins et voulant pratiquer la psychothérapie sera évaluée de manière individuelle par l'Ordre des psychologues, selon les critères établis par le Règlement sur le permis de psychothérapeute et la Loi 21.
- 1.2. Ce faisant, les art-thérapeutes et les musicothérapeutes ayant les compétences requises et répondant aux critères établis pourront pratiquer la psychothérapie et avoir recours ou non, selon leur jugement clinique, aux médiums subsidiaires pour lesquels ils sont formés.
- 1.3. Ces intervenants peuvent être présumés se partager en 3 groupes :
 - 1.3.1. Les art-thérapeutes et les musicothérapeutes qui sont psychologues ou médecins.
 - 1.3.2. Les art-thérapeutes et les musicothérapeutes membres de l'Ordre professionnel des conseillers et conseillères d'orientation, de l'Ordre professionnel des psychoéducateurs et psychoéducatrices du Québec, de l'Ordre professionnel des ergothérapeutes du Québec, de l'Ordre professionnel des infirmières et infirmiers du Québec ou de l'Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, titulaires d'un permis d'exercer la psychothérapie.
 - 1.3.3. Les art-thérapeutes et les musicothérapeutes qui auront la possibilité d'être reconnus comme des psychothérapeutes compétents non admissibles à un ordre professionnel en vertu des mesures transitoires, s'ils pratiquent déjà la psychothérapie. Les différents éléments de la pratique des candidats, de leur formation théorique et pratique seront alors pris en considération.

¹ Lorquet, E. (2012). Ce qui est ou ce qui n'est pas de la psychothérapie : les enjeux. Psychologie Québec.

- 1.4. Ces mesures transitoires sont par définition temporaires. Par la suite, les intervenants formés en art-thérapie et en musicothérapie ne pourront pratiquer la psychothérapie que s'ils correspondent à l'ensemble des exigences déterminées par la Loi 21 et le règlement.

En conclusion sur la question subsidiaire, le Conseil considère que :

1. Dans la mesure où les programmes universitaires en art-thérapie et en musicothérapie ont leurs propres critères d'admission, il est possible que des personnes entreprennent une formation dans ces deux secteurs sans être membres de l'un des ordres professionnels évoqués plus haut (3.1 et 3.2).
2. Après leur graduation, ces personnes pourraient pratiquer l'art-thérapie ou la musicothérapie comme une forme autonome d'intervention.
3. Ces intervenants auraient cependant l'obligation de distinguer leur intervention de la psychothérapie tant sur les plans du code, de la méthode et des finalités.